

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: 2017 DC Small Group

Project Name/Number: /

Filing at a Glance

Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Product Name: 2017 DC Small Group

State: District of Columbia

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.004F Small Group Only - HMO

Filing Type: Rate

Date Submitted: 05/02/2016

SERFF Tr Num: KPMA-130546129

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num:

Implementation 01/01/2017

Date Requested:

Author(s): Eliot Larson, Stephen Chuang, John Xu, Ky Le, Sheebani Patel

Reviewer(s): Efren Tanhehco (primary), John Morgan, Damon Siler

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

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General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small

Group Market Type: Overall Rate Impact: 9.3%

Filing Status Changed: 05/05/2016

State Status Changed: Deemer Date:

Created By: Stephen Chuang Submitted By: Stephen Chuang

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This is the 2017 Small Group rate filing for plans offered on exchange.

Company and Contact

Filing Contact Information

Sheebani Patel, Senior Consultant, Public Exchanges Sheebani.S.Patel@kp.org

2101 E Jefferson St 301-816-7233 [Phone]

Rockville, MD 20852

Filing Company Information

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	CoCode: 95639	State of Domicile: Maryland
2101 E Jefferson St.	Group Code:	Company Type: Health
Rockville, MD 20852	Group Name:	Maintenance Organization
(301) 816-6867 ext. [Phone]	FEIN Number: 52-0954463	State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	-5.400%
Effective Date of Last Rate Revision:	01/01/2016
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Increase	9.300%	2.000%	\$4,705,566	2,650	\$20,625,712	2.600%	-3.300%

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Rate Review Detail

COMPANY:

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

HHS Issuer Id: 94506

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
DC Small Group	94506DC035, 94506DC036		3985

Trend Factors:

FORMS:

New Policy Forms: DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-17)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-17)HIX, DC-SG-BRONZE-5250-50-DENTAL-DHMO-COST(01-17)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-17)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-16)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-1350-30-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-2250-30-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-2500-30-20%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-SILVER-1500-30-25%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1350-0%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-BRONZE-5750-50-40%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1000-30-POS-DENTAL-COST(01-17)HIX, DC-SG-SILVER-2250-30-POS-DENTAL-COST(01-17)HIX, DC-SG-BRONZE-5250-50-POS-DENTAL-COST(01-17)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-17)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-17)HIX, DC-SG-BRONZE-5250-50-DENTAL-DHMO-RX(01-17)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-17)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-17)HIX, DC-SG-SILVER-2250-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-SILVER-1350-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-BRONZE-5750-50-40%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-GOLD-1350-0%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-SILVER-1500-30-25%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-SILVER-2500-30-20%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-BRONZE-5250-50-POS-DENTAL-RX(01-17)HIX, DC-SG-GOLD-1000-30-POS-DENTAL-RX(01-17)HIX, DC-SG-SILVER-2250-30-POS-DENTAL-RX(01-17)HIX

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly

Member Months: 47,824

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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Product Name:	2017 DC Small Group		
Project Name/Number: /			
Benefit Change:	Increase		
Percent Change Requested:	Min: -3.3 Max: 2.6 Avg: 2.0		

PRIOR RATE:

Total Earned Premium:	16,270,389.00
Total Incurred Claims:	13,109,053.00
Annual \$:	Min: 148.86 Max: 996.27 Avg: 732.13

REQUESTED RATE:

Projected Earned Premium:	20,624,430.00
Projected Incurred Claims:	16,905,805.00
Annual \$:	Min: 146.58 Max: 1,001.15 Avg: 733.79

SERFF Tracking #:	KPMA-130546129	State Tracking #:	Company Tracking #:
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Product Name:	2017 DC Small Group		
Project Name/Number:	/		

Rate/Rule Schedule

SERFF Tracking #:

KPMA-130546129

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2017 DC Small Group

Project Name/Number:

/

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2017 DC Small Group Exchange Rate Sheets	DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-17)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-17)HIX, DC-SG-BRONZE-5250-50-DENTAL-DHMO-COST(01-17)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-17)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-16)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-1350-30-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-2250-30-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-2500-30-20%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-SILVER-1500-30-25%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1350-0%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-BRONZE-5750-50-40%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1000-30-POS-DENTAL-COST(01-17)HIX, DC-SG-SILVER-2250-30-POS-DENTAL-COST(01-17)HIX, DC-SG-BRONZE-5250-50-POS-DENTAL-COST(01-17)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-17)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-17)HIX,	Revised	Previous State Filing Number: KPMA-130060631 Percent Rate Change Request: 9.3	2017 DC SG Rate Sheets.pdf,

SERFF Tracking #:

KPMA-130546129

State Tracking #:

Company Tracking #:

State:

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Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2017 DC Small Group

Project Name/Number:

/

			DC-SG-BRONZE-5250-50-DENTAL-DHMO-RX(01-17)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-17)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-17)HIX, DC- DC-SG-SILVER-2250-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-SILVER-1350-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-BRONZE-5750-50-40%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-GOLD-1350-0%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-SILVER-1500-30-25%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-SILVER-2500-30-20%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-BRONZE-5250-50-POS-DENTAL-RX(01-17)HIX, DC-SG-GOLD-1000-30-POS-DENTAL-RX(01-17)HIX, DC-SG-SILVER-2250-30-POS-DENTAL-RX(01-17)HIX			
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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2017
District of Columbia Small Group Exchange
Appendix 1.A

Age	20 and Under	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
		KP DC Platinum 020/Dental/Pd/Dental	KP DC Platinum 020/Dental/Pd/Dental	KP DC Gold 020/Dental/Pd/Dental	P DC Gold 080/Dental/Pd/Dental	P DC Gold 080/Dental/Pd/Dental	KP DC Gold 100/Dental/Pd/Dental	KP DC Gold 100/Dental/Pd/Dental	KP DC Silver 120/Dental/Pd/Dental	P DC Silver 120/Dental/Pd/Dental	KP DC Silver 120/Dental/Pd/Dental	KP DC Silver 120/Dental/Pd/Dental	KP DC Bronze 120/Dental/Pd/Dental	KP DC Bronze 120/Dental/Pd/Dental	KP DC Bronze 120/Dental/Pd/Dental	KP DC Bronze 120/Dental/Pd/Dental	KP DC Silver 120/Dental/Pd/Dental	KP DC Gold 100/Dental/Pd/Dental
		\$279.07	\$267.08	\$254.57	\$250.33	\$231.97	\$226.30	\$213.22	\$206.90	\$194.13	\$191.31	\$179.83	\$159.46	\$150.63	\$146.58	\$174.29	\$212.78	\$269.99
21		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
22		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
23		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
24		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
25		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
26		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
27		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
28		\$317.47	\$303.84	\$289.60	\$284.78	\$263.90	\$257.33	\$242.56	\$235.37	\$220.84	\$217.64	\$204.58	\$181.40	\$171.36	\$166.75	\$198.27	\$242.06	\$307.15
29		\$324.30	\$310.37	\$295.83	\$290.91	\$269.57	\$262.86	\$247.78	\$240.43	\$225.59	\$222.32	\$208.98	\$185.30	\$175.04	\$170.34	\$202.53	\$247.26	\$313.75
30		\$332.41	\$318.13	\$303.22	\$298.18	\$276.51	\$269.44	\$253.97	\$246.44	\$231.23	\$227.87	\$214.20	\$189.94	\$179.42	\$174.60	\$207.60	\$253.45	\$321.60
31		\$340.94	\$326.30	\$311.01	\$305.84	\$285.40	\$278.35	\$262.49	\$255.27	\$239.73	\$237.17	\$219.70	\$194.81	\$184.03	\$179.08	\$212.93	\$259.95	\$329.85
32		\$348.62	\$333.65	\$318.01	\$312.73	\$289.79	\$282.58	\$266.36	\$258.46	\$242.51	\$238.99	\$224.65	\$199.20	\$188.17	\$183.11	\$217.72	\$265.81	\$337.28
33		\$356.73	\$341.41	\$325.41	\$320.00	\$296.53	\$289.15	\$272.56	\$264.47	\$248.15	\$244.55	\$229.88	\$203.83	\$192.55	\$187.37	\$222.79	\$271.99	\$345.13
34		\$365.26	\$349.58	\$333.20	\$327.65	\$303.62	\$296.07	\$279.08	\$270.80	\$254.09	\$250.40	\$235.38	\$208.71	\$197.15	\$191.85	\$228.12	\$278.50	\$353.38
35		\$373.80	\$357.75	\$340.96	\$335.31	\$310.72	\$302.99	\$286.40	\$277.13	\$260.02	\$256.25	\$240.87	\$213.59	\$201.76	\$196.34	\$231.45	\$285.01	\$361.64
36		\$382.33	\$365.91	\$348.77	\$342.96	\$317.81	\$309.00	\$292.12	\$283.45	\$265.96	\$262.10	\$246.37	\$218.46	\$206.37	\$200.82	\$238.78	\$291.51	\$369.90
37		\$390.87	\$374.08	\$356.55	\$350.62	\$324.90	\$316.82	\$298.64	\$289.78	\$271.90	\$267.95	\$251.87	\$223.34	\$210.97	\$205.30	\$244.11	\$298.02	\$378.15
38		\$395.56	\$378.47	\$360.83	\$354.83	\$328.81	\$320.63	\$302.22	\$293.26	\$275.16	\$271.17	\$254.90	\$226.02	\$213.51	\$207.77	\$247.04	\$301.60	\$382.70
39		\$409.25	\$393.07	\$365.11	\$359.04	\$332.71	\$324.43	\$306.74	\$297.43	\$278.30	\$273.92	\$257.02	\$228.20	\$214.04	\$210.23	\$249.97	\$305.18	\$387.24
40		\$416.04	\$398.18	\$379.52	\$373.20	\$345.83	\$337.23	\$317.87	\$308.44	\$289.41	\$285.21	\$268.10	\$237.73	\$224.56	\$218.52	\$259.83	\$317.21	\$402.51
41		\$432.26	\$413.69	\$394.31	\$387.75	\$359.37	\$350.37	\$330.26	\$320.47	\$296.32	\$296.32	\$278.55	\$246.99	\$233.31	\$227.04	\$269.96	\$329.58	\$418.20
42		\$449.33	\$430.03	\$409.88	\$403.06	\$373.50	\$364.21	\$343.30	\$333.12	\$312.56	\$308.03	\$289.54	\$256.74	\$242.53	\$236.01	\$280.62	\$342.59	\$434.71
43		\$466.82	\$446.77	\$425.84	\$418.75	\$386.04	\$376.39	\$356.67	\$346.09	\$324.73	\$320.02	\$300.82	\$266.74	\$251.97	\$245.20	\$291.54	\$355.93	\$451.64
44		\$485.17	\$464.33	\$442.57	\$435.21	\$403.29	\$393.26	\$370.69	\$359.69	\$337.50	\$332.60	\$312.64	\$277.22	\$261.87	\$254.83	\$303.00	\$369.92	\$469.39
45		\$503.95	\$482.30	\$459.70	\$452.06	\$418.90	\$408.48	\$385.03	\$373.61	\$350.56	\$345.47	\$324.74	\$287.95	\$272.01	\$264.70	\$314.73	\$384.24	\$487.56
46		\$523.57	\$501.09	\$477.61	\$469.66	\$435.21	\$424.39	\$400.03	\$388.17	\$364.21	\$358.92	\$337.39	\$299.17	\$282.60	\$275.01	\$326.99	\$399.20	\$506.55
47		\$544.06	\$520.69	\$496.29	\$488.04	\$452.24	\$440.99	\$415.68	\$403.55	\$378.46	\$372.97	\$350.59	\$310.87	\$293.66	\$285.76	\$339.78	\$414.82	\$526.36
48		\$565.39	\$541.11	\$515.75	\$507.17	\$469.97	\$458.28	\$431.98	\$419.17	\$393.30	\$384.34	\$361.47	\$323.06	\$305.17	\$296.97	\$353.10	\$431.09	\$547.00
49		\$587.58	\$562.35	\$535.99	\$527.08	\$484.27	\$476.27	\$448.94	\$435.62	\$407.80	\$398.64	\$375.74	\$337.15	\$318.62	\$309.66	\$366.96	\$448.00	\$568.47
50		\$610.62	\$584.40	\$557.01	\$547.75	\$507.57	\$494.95	\$466.54	\$452.70	\$424.77	\$418.60	\$393.48	\$348.91	\$329.59	\$320.73	\$381.35	\$465.57	\$590.76
51		\$634.52	\$607.47	\$578.81	\$569.18	\$527.44	\$514.32	\$484.80	\$470.42	\$441.39	\$434.98	\$408.88	\$362.56	\$344.49	\$333.28	\$396.28	\$483.79	\$612.88
52		\$659.27	\$630.96	\$601.39	\$591.38	\$548.01	\$534.38	\$503.71	\$488.77	\$458.61	\$451.95	\$424.83	\$376.70	\$358.84	\$347.173	\$407.66	\$507.83	\$637.83
53		\$684.87	\$655.46	\$624.74	\$614.35	\$569.29	\$555.13	\$523.27	\$507.75	\$476.42	\$469.50	\$441.33	\$391.33	\$369.66	\$359.73	\$427.72	\$522.18	\$662.60
54		\$711.75	\$681.19	\$649.26	\$638.47	\$591.64	\$576.92	\$543.81	\$527.68	\$495.12	\$487.93	\$458.65	\$406.69	\$384.17	\$373.85	\$444.51	\$542.68	\$688.60
55		\$739.49	\$707.73	\$674.57	\$663.35	\$614.69	\$599.40	\$565.00	\$548.24	\$514.41	\$506.94	\$476.53	\$423.54	\$399.14	\$388.41	\$461.83	\$563.83	\$715.44
56		\$768.51	\$735.50	\$701.01	\$690.77	\$638.81	\$622.92	\$587.17	\$569.75	\$535.83	\$528.59	\$495.22	\$439.12	\$414.81	\$403.65	\$479.95	\$585.95	\$743.51
57		\$798.38	\$764.09	\$728.28	\$716.17	\$663.64	\$647.13	\$609.99	\$591.00	\$555.37	\$547.31	\$514.47	\$456.19	\$430.93	\$419.34	\$498.61	\$608.73	\$772.41
58		\$829.53	\$793.90	\$756.70	\$744.11	\$689.53	\$672.38	\$633.79	\$614.99	\$577.04	\$568.66	\$534.54	\$473.99	\$447.74	\$435.70	\$518.06	\$632.48	\$802.55
59		\$861.96	\$824.94	\$786.28	\$773.20	\$716.49	\$698.67	\$658.57	\$639.03	\$599.60	\$590.89	\$555.44	\$492.52	\$465.25	\$452.74	\$538.32	\$657.20	\$833.92
60		\$895.67	\$857.20	\$817.03	\$803.44	\$744.51	\$727.99	\$684.32	\$664.03	\$623.05	\$614.00	\$577.16	\$511.78	\$484.44	\$470.44	\$559.37	\$682.91	\$866.54
61		\$930.66	\$890.69	\$848.94	\$834.83	\$773.60	\$754.35	\$711.06	\$689.97	\$647.39	\$637.98	\$599.70	\$531.77	\$502.32	\$488.82	\$581.22	\$709.58	\$900.39
62		\$930.66	\$890.69	\$848.94	\$834.83	\$773.60	\$754.35	\$711.06	\$689.97	\$647.39	\$637.98	\$599.70	\$531.77	\$502.32	\$488.82	\$581.22	\$709.58	\$900.39
63		\$930.66	\$890.69	\$848.94	\$834.83	\$773.60	\$754.35	\$711.06	\$689.97	\$647.39	\$637.98	\$599.70	\$531.77	\$502.32	\$488.82	\$581.22	\$709.58	\$900.39
64+		\$930.66	\$890.69	\$848.94	\$834.83	\$773.60	\$754.35	\$711.06	\$689.97	\$647.39	\$637.98	\$599.70	\$531.77	\$502.32	\$488.82	\$581.22	\$709.58	\$900.39

Rates effective January 1, 2017
District of Columbia Small Group Exchange
Appendix I-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$293.02	\$280.44	\$267.30	\$262.85	\$243.57	\$237.51
21	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
22	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
23	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
24	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
25	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
26	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
27	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
28	\$333.35	\$319.03	\$304.08	\$299.02	\$277.09	\$270.20
29	\$340.52	\$325.89	\$310.62	\$305.45	\$283.05	\$276.01
30	\$349.03	\$334.04	\$318.38	\$313.09	\$290.13	\$282.91
31	\$357.99	\$342.62	\$326.56	\$321.13	\$297.57	\$290.17
32	\$366.05	\$350.33	\$333.92	\$328.36	\$304.28	\$296.71
33	\$374.57	\$358.48	\$341.68	\$336.00	\$311.35	\$303.61
34	\$383.53	\$367.06	\$349.86	\$344.04	\$318.80	\$310.87
35	\$392.49	\$375.63	\$358.03	\$352.07	\$326.25	\$318.14
36	\$401.45	\$384.21	\$366.20	\$360.11	\$333.70	\$325.40
37	\$410.41	\$392.79	\$374.38	\$368.15	\$341.15	\$332.66
38	\$415.34	\$397.50	\$378.87	\$372.57	\$345.25	\$336.66
39	\$420.27	\$402.22	\$383.37	\$376.99	\$349.34	\$340.65
40	\$436.85	\$418.08	\$398.49	\$391.86	\$363.12	\$354.09
41	\$453.87	\$434.38	\$414.02	\$407.14	\$377.27	\$367.89
42	\$471.79	\$451.53	\$430.37	\$423.21	\$392.17	\$382.42
43	\$490.16	\$469.11	\$447.13	\$439.69	\$407.44	\$397.31
44	\$509.43	\$487.55	\$464.70	\$456.97	\$423.46	\$412.92
45	\$529.14	\$506.42	\$482.69	\$474.66	\$439.84	\$428.90
46	\$549.75	\$526.14	\$501.49	\$493.15	\$456.98	\$445.61
47	\$571.26	\$546.73	\$521.10	\$512.44	\$474.85	\$463.04
48	\$593.66	\$568.17	\$541.54	\$532.53	\$493.47	\$481.20
49	\$616.96	\$590.46	\$562.79	\$553.43	\$512.84	\$500.08
50	\$641.15	\$613.62	\$584.86	\$575.14	\$532.95	\$519.69
51	\$666.25	\$637.63	\$607.75	\$597.64	\$553.81	\$540.03
52	\$692.23	\$662.50	\$631.46	\$620.95	\$575.41	\$561.09
53	\$719.11	\$688.23	\$655.98	\$645.07	\$597.75	\$582.88
54	\$747.34	\$715.25	\$681.73	\$670.39	\$621.22	\$605.76
55	\$776.46	\$743.12	\$708.29	\$696.51	\$645.43	\$629.37
56	\$806.93	\$772.28	\$736.09	\$723.84	\$670.75	\$654.07
57	\$838.30	\$802.29	\$764.70	\$751.98	\$696.82	\$679.49
58	\$871.00	\$833.60	\$794.53	\$781.32	\$724.01	\$706.00
59	\$905.05	\$866.19	\$825.59	\$811.86	\$752.31	\$733.60
60	\$940.45	\$900.06	\$857.88	\$843.61	\$781.74	\$762.29
61	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
62	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
63	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
64+	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06

[illegible]

Rates effective April 1, 2017
District of Columbia Small Group Exchange
Appendix II-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$295.40	\$282.71	\$269.47	\$264.98	\$245.54	\$239.44
21	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
22	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
23	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
24	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
25	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
26	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
27	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
28	\$336.05	\$321.62	\$306.55	\$301.44	\$279.34	\$272.39
29	\$343.28	\$328.53	\$313.14	\$307.93	\$285.34	\$278.25
30	\$351.86	\$336.75	\$320.96	\$315.63	\$292.48	\$285.20
31	\$360.89	\$345.40	\$329.21	\$323.73	\$299.98	\$292.52
32	\$369.02	\$353.17	\$336.63	\$331.02	\$306.75	\$299.12
33	\$377.61	\$361.39	\$344.45	\$338.72	\$313.87	\$306.07
34	\$386.64	\$370.04	\$352.70	\$346.83	\$321.38	\$313.39
35	\$395.67	\$378.68	\$360.93	\$354.92	\$328.90	\$320.72
36	\$404.70	\$387.32	\$369.17	\$363.03	\$336.41	\$328.04
37	\$413.74	\$395.97	\$377.42	\$371.13	\$343.92	\$335.36
38	\$418.71	\$400.72	\$381.94	\$375.59	\$348.05	\$339.39
39	\$423.68	\$405.48	\$386.48	\$380.05	\$352.17	\$343.41
40	\$440.39	\$421.47	\$401.72	\$395.04	\$366.06	\$356.96
41	\$457.55	\$437.90	\$417.38	\$410.44	\$380.33	\$370.87
42	\$475.61	\$455.19	\$433.86	\$426.64	\$395.35	\$385.52
43	\$494.13	\$472.91	\$450.76	\$443.25	\$410.74	\$400.53
44	\$513.56	\$491.50	\$468.47	\$460.67	\$426.89	\$416.27
45	\$533.43	\$510.53	\$486.60	\$478.51	\$443.41	\$432.38
46	\$554.21	\$530.41	\$505.56	\$497.15	\$460.68	\$449.22
47	\$575.89	\$551.16	\$525.32	\$516.59	\$478.70	\$466.79
48	\$598.47	\$572.78	\$545.93	\$536.85	\$497.47	\$485.10
49	\$621.96	\$595.25	\$567.35	\$557.92	\$517.00	\$504.13
50	\$646.35	\$618.59	\$589.60	\$579.80	\$537.27	\$523.90
51	\$671.65	\$642.80	\$612.68	\$602.49	\$558.30	\$544.41
52	\$697.84	\$667.87	\$636.58	\$625.98	\$580.08	\$565.64
53	\$724.94	\$693.81	\$661.30	\$650.30	\$602.60	\$587.61
54	\$753.40	\$721.05	\$687.26	\$675.83	\$626.26	\$610.67
55	\$782.76	\$749.14	\$714.03	\$702.16	\$650.66	\$634.47
56	\$813.47	\$778.54	\$742.06	\$729.71	\$676.19	\$659.37
57	\$845.10	\$808.79	\$770.90	\$758.08	\$702.47	\$685.00
58	\$878.06	\$840.36	\$800.97	\$787.65	\$729.88	\$711.72
59	\$912.39	\$873.21	\$832.28	\$818.44	\$758.41	\$739.55
60	\$948.07	\$907.36	\$864.84	\$850.45	\$788.08	\$768.47
61	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
62	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
63	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
64+	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2017
District of Columbia Small Group Exchange
Appendix III-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
Age	DC Platinum 6000/Dental/Ped Den	DC Platinum 6000/Dental/Ped Den	KP DC Gold 1000/Dental/Ped Dental	DC Gold 1000/Dental/Ped Den	DC Gold 1000/Dental/Ped Den	DC Gold 1000/Dental/Ped Den	KP DC Gold 1000/Dental/Ped Dental	DC Silver 1500/Dental/Ped Den	DC Silver 1500/Dental/Ped Den	KP DC Silver 2200/Dental/Ped Dental	KP DC Silver 2200/Dental/Ped Den	DC Bronze 3700/Dental/Ped Den	DC Bronze 3700/Dental/Ped Den	DC Bronze 4500/Dental/Ped Den	DC Bronze 4500/Dental/Ped Den	KP DC Silver 2200/Dental/Ped Dental	KP DC Gold 1000/Dental/Ped Dental
20 and Under	\$283.61	\$271.43	\$258.71	\$251.41	\$235.75	\$229.88	\$216.69	\$210.27	\$197.29	\$194.42	\$182.76	\$162.06	\$153.08	\$148.97	\$137.13	\$216.24	\$274.39
21	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
22	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
23	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
24	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
25	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
26	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
27	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
28	\$322.64	\$308.79	\$294.31	\$289.42	\$268.20	\$261.52	\$246.51	\$239.20	\$224.44	\$221.18	\$207.91	\$184.35	\$174.15	\$169.46	\$201.50	\$246.00	\$312.15
29	\$329.58	\$315.42	\$300.65	\$295.65	\$273.96	\$267.14	\$251.81	\$244.34	\$229.26	\$225.94	\$212.38	\$188.32	\$177.89	\$173.11	\$205.83	\$251.29	\$318.86
30	\$337.82	\$323.31	\$308.16	\$303.03	\$280.81	\$273.83	\$258.10	\$250.45	\$234.99	\$231.58	\$217.69	\$193.03	\$182.34	\$177.44	\$210.98	\$257.58	\$326.84
31	\$346.49	\$331.61	\$316.07	\$310.82	\$288.01	\$280.85	\$264.73	\$256.89	\$241.03	\$237.54	\$222.38	\$197.98	\$187.03	\$182.00	\$216.40	\$264.18	\$335.22
32	\$354.30	\$339.08	\$323.19	\$317.82	\$294.51	\$287.18	\$270.70	\$262.67	\$246.46	\$242.88	\$228.31	\$191.23	\$186.09	\$181.31	\$221.26	\$270.14	\$342.77
33	\$362.54	\$346.97	\$330.71	\$325.21	\$301.36	\$293.86	\$277.00	\$268.78	\$252.19	\$248.53	\$233.62	\$207.15	\$195.68	\$190.42	\$226.42	\$276.42	\$350.75
34	\$371.21	\$355.27	\$338.62	\$332.98	\$308.56	\$300.89	\$283.62	\$275.21	\$258.23	\$254.48	\$239.21	\$212.11	\$200.36	\$194.97	\$231.83	\$283.03	\$359.13
35	\$379.89	\$363.57	\$346.53	\$340.77	\$315.78	\$307.92	\$290.25	\$281.64	\$264.25	\$260.42	\$244.79	\$217.07	\$205.04	\$199.54	\$237.25	\$289.65	\$367.53
36	\$388.55	\$371.87	\$354.45	\$348.54	\$322.98	\$314.95	\$296.88	\$288.06	\$270.29	\$266.37	\$250.38	\$222.02	\$209.73	\$204.09	\$242.67	\$296.26	\$375.92
37	\$397.23	\$380.17	\$362.35	\$356.13	\$330.19	\$321.98	\$303.50	\$294.50	\$276.33	\$272.31	\$255.97	\$226.98	\$214.40	\$208.64	\$248.08	\$302.87	\$384.31
38	\$402.00	\$384.73	\$366.70	\$360.61	\$334.16	\$325.85	\$307.14	\$298.03	\$279.64	\$275.58	\$259.05	\$229.70	\$216.99	\$211.15	\$251.06	\$306.51	\$388.93
39	\$406.77	\$389.31	\$371.05	\$364.89	\$338.13	\$331.79	\$310.79	\$301.57	\$282.96	\$278.86	\$262.12	\$232.42	\$219.56	\$213.65	\$254.04	\$310.15	\$393.54
40	\$422.81	\$404.66	\$385.70	\$379.28	\$351.46	\$342.72	\$323.05	\$313.46	\$294.12	\$289.85	\$272.46	\$241.60	\$228.22	\$222.08	\$264.06	\$322.37	\$409.06
41	\$439.30	\$420.43	\$400.73	\$394.06	\$365.16	\$356.07	\$335.64	\$325.69	\$305.59	\$301.14	\$283.08	\$251.01	\$237.11	\$230.74	\$274.36	\$334.95	\$425.01
42	\$456.65	\$437.03	\$416.55	\$409.62	\$379.58	\$370.14	\$348.89	\$338.54	\$317.65	\$313.04	\$294.25	\$260.92	\$246.48	\$239.85	\$285.19	\$348.17	\$441.79
43	\$474.42	\$454.04	\$432.77	\$425.57	\$394.36	\$384.55	\$362.48	\$351.72	\$330.02	\$325.23	\$305.72	\$271.08	\$256.07	\$249.19	\$296.29	\$361.72	\$458.99
44	\$493.07	\$471.89	\$449.78	\$442.30	\$409.86	\$399.66	\$376.72	\$365.55	\$342.99	\$338.01	\$317.73	\$281.73	\$266.13	\$258.98	\$307.93	\$375.94	\$477.03
45	\$512.15	\$490.15	\$467.18	\$459.42	\$425.72	\$415.13	\$391.30	\$379.69	\$356.27	\$351.09	\$330.03	\$292.64	\$276.44	\$269.01	\$319.85	\$390.50	\$495.50
46	\$532.09	\$509.25	\$485.39	\$477.31	\$442.30	\$431.30	\$406.54	\$394.49	\$370.14	\$364.76	\$342.88	\$304.04	\$287.20	\$279.49	\$332.31	\$405.70	\$514.80
47	\$552.92	\$529.17	\$504.37	\$495.99	\$459.60	\$448.17	\$422.45	\$409.92	\$384.62	\$379.04	\$356.30	\$315.93	\$298.44	\$290.41	\$345.31	\$421.57	\$534.93
48	\$574.59	\$549.92	\$524.15	\$515.43	\$477.62	\$465.74	\$439.01	\$425.99	\$399.70	\$393.90	\$370.27	\$328.32	\$310.14	\$301.80	\$358.85	\$438.11	\$555.91
49	\$597.15	\$571.51	\$544.72	\$535.66	\$496.37	\$484.02	\$456.25	\$442.71	\$415.39	\$409.36	\$384.80	\$341.21	\$322.31	\$313.64	\$372.93	\$445.29	\$577.72
50	\$620.56	\$593.91	\$566.08	\$556.67	\$515.83	\$503.01	\$474.14	\$460.07	\$431.69	\$425.41	\$399.89	\$354.59	\$334.96	\$325.95	\$387.56	\$473.15	\$600.38
51	\$644.85	\$617.16	\$588.23	\$578.45	\$536.03	\$522.69	\$492.69	\$478.08	\$448.58	\$442.06	\$415.54	\$368.46	\$348.07	\$338.71	\$402.73	\$491.67	\$623.87
52	\$667.00	\$641.23	\$611.18	\$601.01	\$556.93	\$543.08	\$511.91	\$496.73	\$466.08	\$459.31	\$431.75	\$382.83	\$361.63	\$351.92	\$418.43	\$510.84	\$648.21
53	\$696.02	\$666.13	\$634.91	\$624.35	\$578.56	\$564.17	\$531.79	\$516.02	\$484.18	\$477.14	\$448.52	\$397.70	\$375.68	\$365.59	\$434.68	\$530.68	\$673.39
54	\$723.34	\$692.28	\$659.83	\$648.86	\$601.27	\$586.31	\$552.66	\$536.27	\$503.18	\$495.87	\$466.12	\$413.31	\$390.42	\$379.94	\$443.75	\$551.52	\$699.81
55	\$751.53	\$719.25	\$685.55	\$674.15	\$624.70	\$609.16	\$574.20	\$557.17	\$522.78	\$515.19	\$484.29	\$429.42	\$405.64	\$394.73	\$469.35	\$573.01	\$727.09
56	\$781.02	\$747.47	\$712.44	\$700.59	\$649.21	\$633.06	\$596.73	\$579.03	\$543.29	\$535.41	\$503.28	\$446.27	\$421.56	\$410.22	\$487.76	\$595.49	\$755.61
57	\$811.38	\$776.53	\$740.14	\$727.83	\$674.44	\$657.67	\$619.92	\$601.54	\$564.41	\$556.22	\$522.85	\$463.62	\$437.95	\$426.17	\$506.73	\$618.64	\$784.99
58	\$843.04	\$806.83	\$769.02	\$756.22	\$706.76	\$683.33	\$644.11	\$625.00	\$586.43	\$577.92	\$543.24	\$481.71	\$455.03	\$442.79	\$526.49	\$642.78	\$815.62
59	\$875.99	\$838.37	\$799.08	\$785.79	\$728.15	\$710.04	\$669.29	\$649.43	\$609.36	\$600.51	\$564.48	\$507.08	\$480.11	\$466.11	\$547.08	\$667.90	\$847.50
60	\$910.25	\$871.16	\$830.33	\$816.52	\$756.63	\$737.81	\$695.46	\$674.84	\$633.19	\$624.00	\$586.56	\$520.11	\$491.31	\$478.10	\$568.48	\$694.03	\$880.65
61	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05
62	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05
63	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05
64+	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05

Rates effective July 1, 2017
District of Columbia Small Group Exchange
Appendix III-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$297.79	\$285.01	\$271.65	\$267.13	\$247.54	\$241.38
21	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
22	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
23	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
24	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
25	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
26	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
27	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
28	\$338.78	\$324.22	\$309.03	\$303.89	\$281.60	\$274.60
29	\$346.06	\$331.20	\$315.68	\$310.42	\$287.66	\$280.50
30	\$354.71	\$339.48	\$323.56	\$318.19	\$294.85	\$287.52
31	\$363.82	\$348.20	\$331.88	\$326.36	\$302.41	\$294.89
32	\$372.01	\$356.03	\$339.36	\$333.71	\$309.23	\$301.54
33	\$380.67	\$364.32	\$347.24	\$341.47	\$316.42	\$308.55
34	\$389.77	\$373.04	\$355.56	\$349.64	\$323.99	\$315.93
35	\$398.88	\$381.75	\$363.86	\$357.80	\$331.56	\$323.32
36	\$407.99	\$390.47	\$372.16	\$365.97	\$339.13	\$330.70
37	\$417.09	\$399.18	\$380.48	\$374.14	\$346.70	\$338.08
38	\$422.10	\$403.97	\$385.04	\$378.64	\$350.87	\$342.14
39	\$427.11	\$408.77	\$389.61	\$383.13	\$355.03	\$346.20
40	\$443.96	\$424.89	\$404.98	\$398.24	\$369.03	\$359.85
41	\$461.26	\$441.45	\$420.76	\$413.77	\$383.41	\$373.88
42	\$479.47	\$458.88	\$437.38	\$430.10	\$398.55	\$388.65
43	\$498.14	\$476.75	\$454.41	\$446.85	\$414.07	\$403.78
44	\$517.72	\$495.49	\$472.27	\$464.41	\$430.35	\$419.64
45	\$537.75	\$514.66	\$490.55	\$482.39	\$447.00	\$435.88
46	\$558.70	\$534.71	\$509.65	\$501.18	\$464.42	\$452.86
47	\$580.56	\$555.63	\$529.58	\$520.78	\$482.58	\$470.58
48	\$603.33	\$577.42	\$550.36	\$541.20	\$501.50	\$489.03
49	\$627.00	\$600.07	\$571.95	\$562.44	\$521.19	\$508.22
50	\$651.59	\$623.61	\$594.38	\$584.50	\$541.63	\$528.15
51	\$677.10	\$648.01	\$617.64	\$607.37	\$562.83	\$548.82
52	\$703.50	\$673.29	\$641.74	\$631.06	\$584.78	\$570.22
53	\$730.82	\$699.43	\$666.66	\$655.57	\$607.48	\$592.37
54	\$759.51	\$726.89	\$692.83	\$681.30	\$631.33	\$615.62
55	\$789.10	\$755.22	\$719.82	\$707.85	\$655.94	\$639.62
56	\$820.07	\$784.85	\$748.07	\$735.62	\$681.67	\$664.72
57	\$851.95	\$815.35	\$777.15	\$764.22	\$708.16	\$690.55
58	\$885.18	\$847.17	\$807.47	\$794.04	\$735.80	\$717.49
59	\$919.78	\$880.29	\$839.03	\$825.08	\$764.56	\$745.54
60	\$955.76	\$914.71	\$871.85	\$857.34	\$794.47	\$774.70
61	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
62	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
63	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
64+	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2017
District of Columbia Small Group Exchange
Appendix IV-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
Age	P DC Platinum \$200/2000/Paid Dntl	P DC Platinum \$200/2000/Paid Dntl	KP DC Gold \$240/2400/Paid Dntl	DC Gold \$260/2600/Paid Dntl	P DC Gold \$280/2800/Paid Dntl	P DC Gold \$280/2800/Paid Dntl	KP DC Gold \$280/2800/Paid Dntl	P DC Silver \$380/3800/Paid Dntl	P DC Silver \$380/3800/Paid Dntl	KP DC Silver \$380/3800/Paid Dntl	KP DC Silver \$380/3800/Paid Dntl	KP DC Silver \$380/3800/Paid Dntl	KP DC Silver \$380/3800/Paid Dntl	P DC Bronze \$500/5000/Paid Dntl	KP DC Bronze \$500/5000/Paid Dntl	KP DC Bronze \$500/5000/Paid Dntl	KP DC Gold \$280/2800/Paid Dntl
20 and Under	\$285.91	\$273.63	\$260.81	\$256.47	\$272.66	\$231.75	\$218.45	\$211.97	\$198.89	\$196.00	\$184.24	\$161.37	\$154.32	\$150.17	\$178.56	\$218.00	\$276.61
21	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
22	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
23	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
24	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
25	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
26	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
27	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
28	\$325.25	\$311.29	\$296.70	\$291.76	\$270.37	\$263.64	\$248.51	\$241.14	\$226.25	\$222.98	\$209.60	\$185.85	\$175.56	\$170.84	\$203.13	\$248.00	\$314.68
29	\$332.25	\$317.98	\$303.08	\$298.04	\$276.18	\$269.31	\$253.86	\$251.12	\$227.77	\$224.10	\$207.50	\$179.33	\$174.52	\$174.52	\$207.50	\$253.32	\$321.44
30	\$340.56	\$325.93	\$310.65	\$305.49	\$283.09	\$276.05	\$260.20	\$252.48	\$236.90	\$233.46	\$219.45	\$194.60	\$183.82	\$178.88	\$212.69	\$299.66	\$329.49
31	\$349.30	\$334.30	\$318.64	\$313.34	\$290.35	\$283.13	\$266.88	\$258.97	\$242.99	\$239.46	\$225.09	\$199.59	\$188.54	\$183.47	\$218.15	\$266.32	\$337.94
32	\$357.17	\$341.83	\$325.81	\$320.40	\$296.90	\$289.51	\$272.89	\$264.80	\$248.46	\$244.85	\$230.16	\$204.08	\$192.78	\$187.60	\$223.06	\$272.33	\$345.55
33	\$365.48	\$349.78	\$333.39	\$327.85	\$303.80	\$296.24	\$279.24	\$270.95	\$254.23	\$250.55	\$235.52	\$208.83	\$197.27	\$191.96	\$228.25	\$278.66	\$353.59
34	\$374.22	\$358.15	\$341.37	\$335.68	\$311.06	\$303.33	\$285.92	\$277.44	\$260.52	\$256.54	\$241.15	\$213.83	\$201.98	\$196.55	\$233.71	\$285.33	\$362.04
35	\$382.97	\$366.52	\$349.34	\$343.53	\$318.34	\$310.42	\$292.60	\$283.93	\$266.40	\$262.83	\$246.78	\$218.83	\$206.71	\$201.15	\$239.17	\$292.00	\$370.51
36	\$391.70	\$374.88	\$357.32	\$351.37	\$325.60	\$317.50	\$299.28	\$290.40	\$272.48	\$268.53	\$252.41	\$223.82	\$211.43	\$205.74	\$244.63	\$298.66	\$378.97
37	\$400.45	\$383.25	\$365.29	\$359.22	\$332.87	\$324.59	\$305.96	\$296.89	\$278.57	\$274.52	\$258.05	\$228.82	\$216.14	\$210.33	\$250.10	\$305.33	\$387.42
38	\$405.26	\$387.85	\$369.68	\$363.53	\$336.87	\$328.49	\$309.63	\$300.45	\$281.91	\$277.82	\$261.15	\$231.56	\$218.75	\$212.86	\$253.10	\$309.00	\$392.08
39	\$410.06	\$392.46	\$374.06	\$367.84	\$340.87	\$332.38	\$313.31	\$304.02	\$285.26	\$281.12	\$264.24	\$234.31	\$221.34	\$215.38	\$256.10	\$312.66	\$396.74
40	\$426.24	\$407.94	\$388.83	\$382.35	\$354.31	\$345.50	\$325.66	\$316.00	\$296.51	\$292.00	\$274.67	\$243.56	\$230.07	\$223.88	\$266.20	\$334.99	\$412.38
41	\$442.86	\$423.83	\$403.98	\$397.26	\$368.12	\$358.96	\$338.36	\$328.33	\$308.06	\$303.59	\$285.38	\$253.05	\$239.03	\$232.61	\$276.58	\$337.66	\$428.45
42	\$460.35	\$440.57	\$419.93	\$412.94	\$382.66	\$373.14	\$351.72	\$341.29	\$320.22	\$315.58	\$296.64	\$263.04	\$248.48	\$241.80	\$287.50	\$350.99	\$445.37
43	\$478.27	\$457.72	\$436.28	\$429.02	\$397.55	\$387.67	\$365.42	\$354.58	\$332.69	\$327.87	\$308.20	\$273.28	\$258.15	\$251.21	\$298.69	\$364.66	\$462.71
44	\$497.07	\$475.72	\$453.42	\$445.88	\$413.18	\$402.90	\$379.78	\$368.51	\$345.78	\$340.76	\$320.31	\$284.02	\$268.29	\$261.08	\$310.43	\$378.99	\$480.90
45	\$516.51	\$494.13	\$470.97	\$463.14	\$438.50	\$429.17	\$404.47	\$393.16	\$369.44	\$363.94	\$342.70	\$305.01	\$288.68	\$271.19	\$322.45	\$393.66	\$499.51
46	\$536.41	\$513.38	\$489.32	\$481.18	\$445.88	\$434.80	\$409.84	\$397.69	\$373.14	\$367.72	\$345.66	\$306.51	\$289.53	\$281.75	\$335.01	\$408.99	\$518.97
47	\$557.40	\$533.46	\$508.46	\$500.01	\$463.33	\$451.80	\$425.87	\$413.24	\$387.74	\$382.12	\$359.19	\$318.49	\$300.86	\$292.77	\$348.11	\$424.99	\$539.27
48	\$579.25	\$554.38	\$528.40	\$519.61	\$481.49	\$469.52	\$442.57	\$429.45	\$402.94	\$397.09	\$373.27	\$330.98	\$312.65	\$304.25	\$361.76	\$441.66	\$560.41
49	\$601.99	\$576.14	\$549.13	\$540.00	\$497.95	\$487.95	\$459.95	\$446.30	\$418.76	\$412.68	\$389.92	\$343.97	\$324.93	\$316.19	\$375.96	\$458.98	\$582.41
50	\$623.59	\$598.73	\$570.67	\$561.18	\$520.02	\$507.09	\$477.98	\$463.80	\$435.19	\$428.86	\$401.13	\$357.47	\$337.67	\$328.59	\$390.70	\$476.99	\$605.25
51	\$650.08	\$622.16	\$593.00	\$583.14	\$540.37	\$526.93	\$496.69	\$481.95	\$452.21	\$445.65	\$418.91	\$371.45	\$350.89	\$341.45	\$406.00	\$495.65	\$628.93
52	\$675.44	\$646.43	\$616.14	\$605.88	\$561.45	\$547.48	\$516.06	\$500.75	\$469.85	\$463.03	\$435.25	\$385.94	\$364.57	\$354.77	\$421.83	\$514.99	\$653.47
53	\$701.66	\$671.53	\$640.06	\$629.41	\$583.25	\$568.74	\$536.10	\$520.20	\$488.10	\$481.01	\$452.15	\$400.93	\$378.72	\$368.55	\$434.21	\$534.98	\$678.85
54	\$729.20	\$697.89	\$665.18	\$654.13	\$606.15	\$591.07	\$557.14	\$540.62	\$507.26	\$501.30	\$469.90	\$416.66	\$393.39	\$381.02	\$455.41	\$555.99	\$705.48
55	\$757.62	\$725.08	\$691.11	\$679.62	\$629.76	\$614.10	\$578.85	\$561.68	\$527.02	\$519.37	\$488.21	\$434.90	\$408.93	\$397.93	\$473.15	\$577.65	\$732.98
56	\$787.35	\$753.53	\$718.22	\$706.27	\$654.47	\$638.19	\$601.57	\$583.72	\$547.70	\$539.75	\$507.36	\$449.89	\$424.98	\$413.55	\$491.72	\$600.32	\$761.74
57	\$817.96	\$782.83	\$746.14	\$733.73	\$679.91	\$663.00	\$624.95	\$606.41	\$568.99	\$560.73	\$527.08	\$467.38	\$441.50	\$429.62	\$510.84	\$623.66	\$791.35
58	\$849.87	\$813.37	\$775.25	\$762.36	\$706.44	\$688.87	\$649.53	\$630.07	\$591.19	\$582.60	\$547.65	\$485.61	\$458.72	\$446.38	\$530.76	\$647.99	\$822.23
59	\$883.10	\$805.36	\$792.16	\$774.06	\$714.06	\$697.42	\$654.70	\$634.30	\$605.38	\$596.66	\$554.60	\$476.66	\$449.06	\$436.84	\$551.52	\$673.31	\$854.37
60	\$917.63	\$878.22	\$837.06	\$823.14	\$762.77	\$745.79	\$701.10	\$680.31	\$638.33	\$629.06	\$591.11	\$495.29	\$481.98	\$473.09	\$599.65	\$708.79	\$887.79
61	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
62	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
63	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
64+	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47

Rates effective October 1, 2017
District of Columbia Small Group Exchange
Appendix IV-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$300.20	\$287.32	\$273.85	\$269.30	\$249.54	\$243.33
21	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
22	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
23	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
24	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
25	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
26	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
27	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
28	\$341.52	\$326.85	\$311.54	\$306.35	\$283.88	\$276.83
29	\$348.87	\$333.88	\$318.24	\$312.94	\$289.99	\$282.78
30	\$357.59	\$342.23	\$326.19	\$320.77	\$297.24	\$289.85
31	\$366.77	\$351.02	\$334.57	\$329.00	\$304.87	\$297.28
32	\$375.03	\$358.92	\$342.11	\$336.41	\$311.74	\$303.99
33	\$383.75	\$367.27	\$350.06	\$344.24	\$318.98	\$311.05
34	\$392.93	\$376.06	\$358.44	\$352.48	\$326.62	\$318.49
35	\$402.11	\$384.84	\$366.81	\$360.70	\$334.25	\$325.94
36	\$411.29	\$393.63	\$375.18	\$368.94	\$341.88	\$333.38
37	\$420.47	\$402.42	\$383.56	\$377.18	\$349.51	\$340.82
38	\$425.52	\$407.25	\$388.16	\$381.71	\$353.72	\$344.91
39	\$430.57	\$412.08	\$392.77	\$386.23	\$357.91	\$349.00
40	\$447.56	\$428.33	\$408.26	\$401.47	\$372.02	\$362.77
41	\$465.00	\$445.03	\$424.17	\$417.12	\$386.52	\$376.91
42	\$483.36	\$462.60	\$440.92	\$433.59	\$401.79	\$391.80
43	\$502.18	\$480.61	\$458.09	\$450.47	\$417.43	\$407.05
44	\$521.92	\$499.50	\$476.09	\$468.17	\$433.84	\$423.04
45	\$542.11	\$518.84	\$494.53	\$486.30	\$450.62	\$439.42
46	\$563.23	\$539.04	\$513.79	\$505.24	\$468.19	\$456.54
47	\$585.27	\$560.14	\$533.88	\$525.00	\$486.49	\$474.39
48	\$608.22	\$582.10	\$554.82	\$545.59	\$505.57	\$493.00
49	\$632.09	\$604.94	\$576.59	\$567.00	\$525.41	\$512.34
50	\$656.87	\$628.67	\$599.20	\$589.24	\$546.02	\$532.43
51	\$682.59	\$653.26	\$622.65	\$612.29	\$567.39	\$553.27
52	\$709.20	\$678.74	\$646.94	\$636.18	\$589.52	\$574.85
53	\$736.74	\$705.11	\$672.06	\$660.89	\$612.41	\$597.17
54	\$765.66	\$732.79	\$698.45	\$686.83	\$636.45	\$620.61
55	\$795.50	\$761.34	\$725.66	\$713.59	\$661.26	\$644.80
56	\$826.72	\$791.22	\$754.14	\$741.59	\$687.20	\$670.11
57	\$858.85	\$821.96	\$783.45	\$770.42	\$713.91	\$696.15
58	\$892.36	\$854.04	\$814.01	\$800.48	\$741.76	\$723.31
59	\$927.24	\$887.43	\$845.83	\$831.77	\$770.76	\$751.59
60	\$963.51	\$922.13	\$878.91	\$864.30	\$800.91	\$780.98
61	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
62	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
63	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
64+	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	2017 DC Small Group		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	DC 2017 Small Group Actuarial Memorandum and Exhibits_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC 2017 Small Group Actuarial Memorandum and Exhibits_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC 2017 Small Group Actuarial Memorandum and Exhibits_v1.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC 2017 Small Group Rate Filing Cover Letter.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

KPMA-130546129

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: 2017 DC Small Group

Project Name/Number: /

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	2017 DC SG DISB Actuarial Memorandum Dataset outgoing.xlsx 2017 DC SG DISB Actuarial Memorandum Dataset outgoing.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template_2017_DC_SG_v1.xlsm Unified_Rate_Review_Template_2017_DC_SG_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	DC_SG_2017_Part_II_Justification_Plain_Language_Summary.pdf
Item Status:	
Status Date:	

Satisfied - Item:	AV Screenshots
Comments:	
Attachment(s):	DC SG 2017 AV Screenshots.xlsx
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	2017 DC Small Group		
Project Name/Number:	/		

Satisfied - Item:	DC Rate Filing Checklist
Comments:	
Attachment(s):	2017_DC_KPIF_SG_rate_filing_checklist_v2.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

KPMA-130546129

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2017 DC Small Group

Project Name/Number:

/

Attachment 2017 DC SG DISB Actuarial Memorandum Dataset outgoing.xlsx is not a PDF document and cannot be reproduced here.

Attachment Unified_Rate_Review_Template_2017_DC_SG_v1.xlsm is not a PDF document and cannot be reproduced here.

Attachment DC SG 2017 AV Screenshots.xlsx is not a PDF document and cannot be reproduced here.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia
2017 Small Group Rate Filing
HIOS Issuer ID 94506

HIOS Product ID 94506DC035, 94506DC036

Form Numbers DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-17)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-17)HIX, DC-SG-BRONZE-5250-50-DENTAL-DHMO-COST(01-17)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-17)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-16)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-1350-30-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-2250-30-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-2500-30-20%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-SILVER-1500-30-25%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1350-0%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-BRONZE-5750-50-40%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1000-30-POS-DENTAL-COST(01-17)HIX, DC-SG-SILVER-2250-30-POS-DENTAL-COST(01-17)HIX, DC-SG-BRONZE-5250-50-POS-DENTAL-COST(01-17)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-17)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-17)HIX, DC-SG-BRONZE-5250-50-DENTAL-DHMO-RX(01-17)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-17)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-17)HIX, DC- DC-SG-SILVER-2250-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-SILVER-1350-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-BRONZE-5750-50-40%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-GOLD-1350-0%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-SILVER-1500-30-25%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-SILVER-2500-30-20%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-BRONZE-5250-50-POS-DENTAL-RX(01-17)HIX, DC-SG-GOLD-1000-30-POS-DENTAL-RX(01-17)HIX, DC-SG-SILVER-2250-30-POS-DENTAL-RX(01-17)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2017. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2017 Carrier Reference Manual* (April 2016, Version 1). It is not intended for any other purpose.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered products that existed prior to March 23, 2010.

KFHP is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans. For purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2016 to 2017 is 9.3%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2017 to the 2016 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2017/2016
Based Period Experience	0.964
Base Period Utilization Copay	1.014
Pricing Trend	0.996
Morbidity Adjustment	1.022
Risk Adjustment Recoveries	1.110
3 Child Factor	1.000
Reinsurance Recoveries	1.000
Reinsurance Premium	0.993
Average Age Impact	1.003
Additional EHB	0.994
Exchange Fee	1.000
Fixed Cost Adjustment	1.000
Total Market Adjusted Index Rate Change	109.3%

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2017 for the new ACA plans is developed by accumulating medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Child-Only, Conversion, Dues Subsidy, ACA plans and Small Group lines of business incurred in 2015 including the incurred but not reported (IBNR) estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2017. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as incurred plus member cost sharing.

Capitations:

KFHP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.18 PMPM to cover adult preventative. The \$1.18 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 9.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal fixed costs, which are allocated and lag in reporting is immaterial.

The completion factors used to complete the base period external claims are taken from KFHP's overall commercial line of business by type of service. The claims are incurred in 2015 and paid through 1/31/2016.

Premium:

Premium was captured for calendar year 2015 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity

Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from row (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2017 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Also included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2017 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 9 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$7,008.76.

Risk Adjustment

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

Assumptions are documented regarding the current relative morbidity of KFHP’s population along with the expected morbidity of the future market relative to KFHP. Growth assumptions for the market as a whole and KFHP specifically are used to calculate KFHP’s 2017 expected relative morbidity to the market. This value is used to determine the expected risk adjustment impact to the market adjusted index rate.

Reinsurance

The reinsurance contribution for the Federal Reinsurance Program is included in the rate build up and shown as a factor in Exhibit 1, line (19).

Reinsurance is a temporary ACA program. As proposed in the 2017 payment notice, the reinsurance program will end with the 2016 benefit year. Reinsurance only affects the rates in the base period (2015), not the rates in the projected period (2017).

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Quarterly Rate Factors

Exhibit 11 contains the quarterly rate factors that will be applied to base rates for 2nd, 3rd and 4th 2017 effective dates. These adjustments are based on an annual trend of 3.3%. Kaiser reserves the right to amend this filing with new quarterly factors based on emerging experience and other subsequent events.

In order for the Index Rate in the Projection Period in Wk1 Section III of the URRT to reflect the average quarterly rate, a weighted average trend adjustment based on the assumed distribution of renewals throughout the year has been development.

	Q1	Q2	Q3	Q4	
Members	2,063	459	572	1,331	
Trend	3.3%	3.3%	3.3%	3.3%	Proj Index Adj
Months	24	27	30	33	for Small Group
	1.068	1.077	1.085	1.094	1.008

Profit and Risk Margin

As mentioned above, the capital contribution of -2.60%, shown in Exhibit 8, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare.

Taxes and Fees

Administrative expense has been adjusted to reflect the PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017.. The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 18.0%, which includes a -2.6% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 84.0%. The MLR would be expected to be higher due to the required adjustments to both claims and premium in the prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. Because of the lack of credible emerging experience as well as the uncertainty of the increasing mandate in 2017, we have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2017 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2015 to 2017, our projected total internal annualized medical expense trend for Small Group is 3.3% and is shown in Exhibit 6 of our filing.

Alternative AV Calculations

The AV calculator does not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). KFHP requested from a major actuarial consulting firm the national average allowed amount for outpatient facility costs in 2015. We have updated the national average allowed amount for the 2017 rate filing. To determine AVs for plans outpatient facility copays, we propose an OP Copay Converter to be used with the AV calculator. To create this converter, we compared the copay amount to the estimated average national OP facility allowed amount to calculate the implied coinsurance % for OP procedures. This coinsurance should only be applied to the OP facility cost and not the OP professional cost, which should be covered at 100%.

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 9 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 9 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

Network Adjustment

KFHP provides services to its members in its Signature network in its medical offices and externally with contracted providers. KFHP offers an expanded network of contracted non-KFHP physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings. For the POS plans, the factor is 1.04, reflecting steerage of 80% for Tier 1.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's business plan. Detailed assumptions are presented and documented in Exhibit 7.1-7.3.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Terminated Plans:

The following non-grandfathered plans are included in the "Terminate Plans" column in Worksheet 2 of the URRT.

DC Added Choice POS Plan 1 (\$5/\$10)
DC Added Choice POS Plan 2 (\$15/\$25)
DC DHMO Plan 1 (\$10/\$20/\$250 Ded - 90%)
DC DHMO Plan 2 (\$15/\$25/\$500 Ded - 90%)
DC DHMO Plan 3 (\$25/\$35/\$2,000 Ded - 80%)
DC DHMO Plan 4 (\$25/\$35/\$1000 Ded - 80%)
DC Flex Choice Plan 1 (100/90/70 - \$10-\$20 OV)

DC Flex Choice Plan 2 (100/80/60 - \$15-\$25 OV)
 DC Flex Choice Plan 3 (100/70/50 - \$25-\$35 OV)
 DC Flex Choice Plan 4 (100/80/60 - \$10-\$25 OV)
 DC HDHP Plan 1 (\$1,250 Ded – 80%)
 DC HDHP Plan 2 (\$1,750 Ded – 70%)
 DC HDHP Plan 3 (\$2,250 Ded – 70%)
 DC HDHP Plan 4 (\$1,250 Ded - 100%)
 DC HDHP Plan 5 (\$2,250 Ded - 100%)
 DC HDHP Plan 8 (\$2,800 Ded - 100%)
 DC HMO Plan 1 (\$5/\$10/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 2 (\$10/\$20/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 3 (\$15/\$25/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 4 (\$15/\$30/\$500 IP/\$0 Rx Ded)
 DC HMO Plan 5 (\$20/\$30/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 6 (\$20/\$40/20% IP/\$0 Rx Ded)
 DC HMO Plan 7 (\$10/\$10/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 8 (\$20/\$20/\$500 IP/\$0 Rx Ded)

Warning Alert:

There are no warning alerts in Wk2 of the URRT

Summary Rate Calculation

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 9. The final 2017 Consumer Adjusted Premium Rates are developed by applying the age slope, contract limit of 3 children factor, and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 –Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustments
- Exhibit 5 – Demographic Adjustment
- Exhibit 6 – Trend Factor
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual
- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – Administrative Expense
- Exhibit 9 – Plan Adjusted Index Rates Development
- Exhibit 10 – AV Calculator Values
- Exhibit 11 – Quarterly Rate Factors
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I-A - 1st Quarter 2017 Signature Network Rate Sheet
- Appendix I-B - 1st Quarter 2017 Select Network Rate Sheet
- Appendix II-A - 2nd Quarter 2017 Signature Network Rate Sheet
- Appendix II-B - 2nd Quarter 2017 Select Network Rate Sheet
- Appendix III-A - 3rd Quarter 2017 Signature Network Rate Sheet

- Appendix III-B - 3rd Quarter 2017 Select Network Rate Sheet
- Appendix IV-A - 4th Quarter 2017 Signature Network Rate Sheet
- Appendix IV-B - 4th Quarter 2017 Select Network Rate Sheet

Certification

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. To the best of my knowledge, the rating methodologies of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the development of the Index Rate comply with the applicable District and Federal Statutes and Regulations (45 CFR 156.80(d)(1)). The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on sound and commonly accepted actuarial principles and are neither excessive nor deficient.

A handwritten signature in black ink, appearing to read 'John Xu', with a stylized, cursive script.

John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
4/29/2016

Index Rate Development
Summary Index Rate Calculation
Exhibit 1

				<u>Source</u>
(1)	Base Period Allowed	\$310.99	Exhibit 2	
(2)	Non-EHB Claims Adjustment	0.981	Exhibit 3	
(3)	Experience Period Index Rate	\$305.15	(1) * (2)	
(4)	Product/Network Adjustment	1.000		
(5)	Adjusted Base Period Allowed	\$305.15	(1) * (2)	
(6)	Base Period Utilization Adjustment	1.111	Exhibit 4	
(7)	Projection Period Utilization Adjustment	0.897		
(8)	Demographic Adjustment	1.000	Exhibit 5	
(9)	Product/Network Moribidity Adjustment	1.000		
(10)	Additional EHB (including Ped Dental)	1.000	Exhibit 14	
(10)	Annualized Trend	3.3%	Exhibit 6	
(11)	Months of Trend	24		
(12)	Trend Factor	1.067	$\{1 + (10)\} ^ \{ (11) / 12 \}$	
(14)	Change in Morbidity	1.014	Exhibit 7	
(15)	Contract Limit of 3 Children Factor	1.000		
(16)	Combined Projection Period Index Rate Prior to Separate Modifiers	\$328.95	(5) * (6) * (7) * (8) * (9) * (10) * (12) * (13) * (14) * (15)	
(17)	Risk Adjustment	1.111	Exhibit 7	
(18)	Exchange fee	1.000		
(19)	Reinsurance Premium	1.000		
(20)	Market Adjusted Index Rate	\$365.33	(16) * (17) * (18) * (19)	

Allowed Claims Development
Exhibit 2

Current Pool	Current Plans	Member Months	Total
Individual	All	27,718	\$328.35
Small Group	All	47,824	\$300.93
Grand Total		75,542	\$310.99

Non-EHB Adjustments
Exhibit 3

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	27,718	\$6.10
Small Group	All	47,824	\$5.69
Grand Total		75,542	\$5.84

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.9812
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Utilization Copayment Effect Adjustment
Exhibit 4

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	27,718	\$328.35	0.884
Small Group	All	47,824	\$300.93	0.910
Grand Total		75,542	\$310.99	0.900

Adjustment Factor is the Inverse of the Total	1.111
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**Demographic Adjustment
Exhibit 5**

		Member Months	Average Age Factor ¹	Weighed Average Age ²
Experience Period	Individual	27718	1.0850	42.8
	Small Group	47824	1.0178	41.1
	Combined	75542	1.0425	41.7
Projection Period	Individual	30238	1.0850	42.8
	Small Group	53104	1.0178	41.1
	Combined	83342	1.0422	41.7
Demographic Factor			0.9997	

¹ Average age factor based on CMS Age curve

² Weighted Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Exhibit 6
Trend Calculation

Category	Weight	2015 to 2017 Annualized Trend
Inpatient Hospital	20.2%	3.0%
Outpatient Hospital	11.0%	6.4%
Professional	46.2%	1.5%
Other	2.3%	3.5%
Prescription Drug	20.0%	5.9%
Capitation	0.4%	0.9%
Composite	100.0%	3.3%

Risk Adjustment and Morbidity Development
Exhibit 7.1

Development of Risk Adjustment Factor Applied to Index Rate

	<u>Small</u>	<u>Individual</u>	<u>Total</u>
Average Members	4,425	2,520	6,945
Adjustment for change in risk in Kaiser membership	101.2%	101.6%	101.35%
Adjustment for risk adjustment recoveries	111.0%	119.3%	

Risk Adjustment and Morbidity Development
Exhibit 7.2

Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	<u>CY 2015 Member Months</u>	<u>Morbidity</u>
(1) Non-Grandfathered Guaranteed Issue	192	0.898
(2) Non-Grandfathered Medically Underwritten and ACA plans	27,526	0.819
(3) Total	27,718	0.820

Impact of projected membership to Kaiser risk profile in 2017 relative to current market

	<u>Member Months</u>	<u>Morbidity</u>
(5) Current Members [from (4) above]	27,718	0.820
(6) Gender to Unisex Selection Adjustment	27,526	1.000
(7) Total Morbidity Change	27,718	0.820
(8) New Entrants previously uninsured	1,260	0.950
(9) Transfers from other carriers or other KP Segments	1,260	1.000
(10) Subtotal	30,238	0.833

Impact to Current Market from all new entrants in 2017

	<u>Member Months</u>	<u>Risk Relativity</u>
(11) Current Market	429,600	1.000
(12) Uninsured New Entrants	68,106	0.950
(13) Transfers from Group	68,106	1.000
(14) 2017 Market	565,812	0.994
(15) Kaiser risk relativity to 2017 market [(10) / (14)]		0.838
(16) Pent Up Demand Factor for New Entrants		1.000
(17) Adjustment for change in risk in Kaiser membership [(10) / (3)]		101.6%
(18) Adjustment for risk adjustment recoveries [1 / (15)]		119.3%
(19) Adjustment for Pent Up Demand [{ (8) mems * (16) + (5) mems + (9) mems } / (10) mems }]		100.0%
(20) Risk Adjustment fee 1.56/12/ Average Baf / Plan Index Rate		1.0006
(21) Adjustment for net risk adjustment [(18) * (20)]		119.4%

**Risk Adjustment Factor
Exhibit 7.3**

Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	<u>CY 2015 Member Months</u>	<u>Morbidity</u>
(1) Non-Grandfathered ¹	47,824	0.890

Impact of projected membership to Kaiser risk profile in 2017 relative to current market

	<u>Members Months</u>	<u>Morbidity</u>
(2) Current Members [from (4) above]	47,824	0.890
(3) New to Kaiser	5,280	1.000
(4) Subtotal	53,104	0.901

	<u>Member Months</u>	
(5) 2017 Market	421,332	1.000
(6) Kaiser risk relativity to 2017 market [(4) / (5)]		0.901

Development of Risk Adjustment Factor Applied to Index Rate

(7) Adjustment for change in risk in Kaiser membership [(4) / (1)]	101.2%
(8) Adjustment for risk adjustment recoveries [1 / (6)]	111.0%
(9) Total Adjustment [(7) * (8)]	112.4%
(10) Risk Adjustment Fee \$1.56/12/Avg BAF/ Plan Index Rate	1.0006
(11) Net Risk Adjustment -> Exhibit 2 line 15	111.1%

¹ Current Kaiser portfolio is expected to be .89 to market.

Administrative Expense Factor - Small Group
Exhibit 8

Retention Category	Percent of Revenue
Claims Processing	1.27%
Customer Service	1.34%
Taxes	2.05%
Capital Contribution	-2.60%
Member Communication Materials	0.62%
Open Enrollment	1.17%
Utilization Review	2.23%
Care Management	0.37%
Other - Community Service	0.45%
Corporate and Other Overhead	3.98%
Commissions	7.14%
Total	18.03%

Plan Adjusted Index Rates
Exhibit 9

Plans	Metallic Level	Name	Allowable Plan Modifiers					Plan Adjusted Index Rate
			Plan Design	Network Factor	Utilization Copay Effect	Non-EHB	Admin	
1	Platinum	KP DC Platinum 0/20/Dental/Ped Dental	0.948	1.000	0.9225	1.0193	1.2200	442.95
2	Platinum	KP DC Platinum 500/20/Dental/Ped Dental	0.887	1.000	0.9439	1.0193	1.2200	423.93
3	Gold	KP DC Gold 0/20/Dental/Ped Dental	0.899	1.000	0.8880	1.0193	1.2200	404.06
4	Gold	KP DC Gold 500/20/Dental/Ped Dental	0.850	1.000	0.9232	1.0193	1.2200	397.34
5	Gold	KP DC Gold 1000/30/Dental/Ped Dental	0.805	1.000	0.9031	1.0193	1.2200	368.20
6	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental	0.791	1.000	0.8961	1.0193	1.2200	359.04
7	Gold	KP DC Gold 1500/30/HSA/Dental/Ped Dental	0.764	1.000	0.8753	1.0193	1.2200	338.43
8	Silver	KP DC Silver 1350/30/Dental/Ped Dental	0.721	1.000	0.8993	1.0193	1.2200	328.39
9	Silver	KP DC Silver 1500/30/HSA/Dental/Ped Dental	0.694	1.000	0.8769	1.0193	1.2200	308.13
10	Silver	KP DC Silver 2250/30/Dental/Ped Dental	0.679	1.000	0.8829	1.0193	1.2200	303.66
11	Silver	KP DC Silver 2500/30/20%/HSA/Dental/Ped Dental	0.658	1.000	0.8568	1.0193	1.2200	285.44
12	Bronze	KP DC Bronze 5250/50/Dental/Ped Dental	0.591	1.000	0.8462	1.0193	1.2200	253.10
13	Bronze	KP DC Bronze 5750/50/HSA/Dental/Ped Dental	0.577	1.000	0.8184	1.0193	1.2200	239.09
14	Bronze	KP DC Bronze 6550/0%/HSA/Dental/Ped Dental	0.540	1.000	0.8514	1.0193	1.2200	232.66
15	Bronze	KP DC Bronze 5250/50/POS/Dental/Ped Dental	0.675	1.000	0.8097	1.0193	1.2200	276.64
16	Silver	KP DC Silver 2250/30/POS/Dental/Ped Dental	0.775	1.000	0.8612	1.0193	1.2200	337.73
17	Gold	KP DC Gold 1000/30/POS/Dental/Ped Dental	0.924	1.000	0.9165	1.0193	1.2200	428.55
18	Platinum	KP DC Platinum 0/20/Dental/Ped Dental/Sel	0.948	1.050	0.9225	1.0193	1.2200	465.10
19	Platinum	KP DC Platinum 500/20/Dental/Ped Dental/Sel	0.887	1.050	0.9439	1.0193	1.2200	445.13
20	Gold	KP DC Gold 0/20/Dental/Ped Dental/Sel	0.899	1.050	0.8880	1.0193	1.2200	424.27
21	Gold	KP DC Gold 500/20/Dental/Ped Dental/Sel	0.850	1.050	0.9232	1.0193	1.2200	417.21
22	Gold	KP DC Gold 1000/30/Dental/Ped Dental/Sel	0.805	1.050	0.9031	1.0193	1.2200	386.61
23	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel	0.791	1.050	0.8961	1.0193	1.2200	376.99

AV Calculator Values
Exhibit 10

Plans	Metallic Level	Name	AV Value
1	Platinum	KP DC Platinum 0/20/Dental/Ped Dental	0.920
2	Platinum	KP DC Platinum 500/20/Dental/Ped Dental	0.882
3	Gold	KP DC Gold 0/20/Dental/Ped Dental	0.818
4	Gold	KP DC Gold 500/20/Dental/Ped Dental	0.806
5	Gold	KP DC Gold 1000/30/Dental/Ped Dental	0.799
6	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental	0.815
7	Gold	KP DC Gold 1500/30/HSA/Dental/Ped Dental	0.781
8	Silver	KP DC Silver 1350/30/Dental/Ped Dental	0.718
9	Silver	KP DC Silver 1500/30/HSA/Dental/Ped Dental	0.713
10	Silver	KP DC Silver 2250/30/Dental/Ped Dental	0.701
11	Silver	KP DC Silver 2500/30/20%/HSA/Dental/Ped Dental	0.681
12	Bronze	KP DC Bronze 5250/50/Dental/Ped Dental	0.618
13	Bronze	KP DC Bronze 5750/50/HSA/Dental/Ped Dental	0.619
14	Bronze	KP DC Bronze 6550/0%/HSA/Dental/Ped Dental	0.612
15	Bronze	KP DC Bronze 5250/50/POS/Dental/Ped Dental	0.618
16	Silver	KP DC Silver 2250/30/POS/Dental/Ped Dental	0.701
17	Gold	KP DC Gold 1000/30/POS/Dental/Ped Dental	0.799
18	Platinum	KP DC Platinum 0/20/Dental/Ped Dental/Sel	0.920
19	Platinum	KP DC Platinum 500/20/Dental/Ped Dental/Sel	0.882
20	Gold	KP DC Gold 0/20/Dental/Ped Dental/Sel	0.818
21	Gold	KP DC Gold 500/20/Dental/Ped Dental/Sel	0.806
22	Gold	KP DC Gold 1000/30/Dental/Ped Dental/Sel	0.799
23	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel	0.815

Quarterly Rate Factors
Exhibit 11

Plans	Metallic Level	Name	2Q 2017	3 Q 2017	4 Q 2017
1	Platinum	KP DC Platinum 0/20/Dental/Ped Dental	1.008	1.016	1.025
2	Platinum	KP DC Platinum 500/20/Dental/Ped Dental	1.008	1.016	1.025
3	Gold	KP DC Gold 0/20/Dental/Ped Dental	1.008	1.016	1.025
4	Gold	KP DC Gold 500/20/Dental/Ped Dental	1.008	1.016	1.025
5	Gold	KP DC Gold 1000/30/Dental/Ped Dental	1.008	1.016	1.025
6	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental	1.008	1.016	1.025
7	Gold	KP DC Gold 1500/30/HSA/Dental/Ped Dental	1.008	1.016	1.025
8	Silver	KP DC Silver 1350/30/Dental/Ped Dental	1.008	1.016	1.025
9	Silver	KP DC Silver 1500/30/HSA/Dental/Ped Dental	1.008	1.016	1.025
10	Silver	KP DC Silver 2250/30/Dental/Ped Dental	1.008	1.016	1.025
11	Silver	KP DC Silver 2500/30/20%/HSA/Dental/Ped Dental	1.008	1.016	1.025
12	Bronze	KP DC Bronze 5250/50/Dental/Ped Dental	1.008	1.016	1.025
13	Bronze	KP DC Bronze 5750/50/HSA/Dental/Ped Dental	1.008	1.016	1.025
14	Bronze	KP DC Bronze 6550/0%/HSA/Dental/Ped Dental	1.008	1.016	1.025
15	Bronze	KP DC Bronze 5250/50/POS/Dental/Ped Dental	1.008	1.016	1.025
16	Silver	KP DC Silver 2250/30/POS/Dental/Ped Dental	1.008	1.016	1.025
17	Gold	KP DC Gold 1000/30/POS/Dental/Ped Dental	1.008	1.016	1.025
18	Platinum	KP DC Platinum 0/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
19	Platinum	KP DC Platinum 500/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
20	Gold	KP DC Gold 0/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
21	Gold	KP DC Gold 500/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
22	Gold	KP DC Gold 1000/30/Dental/Ped Dental/Sel	1.008	1.016	1.025
23	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel	1.008	1.016	1.025

Age Calibration Factor
Exhibit 12

	<u>Weighted Average Age</u>	<u>Age Factor</u>
Average Age in the Projection Period	41.7	1.042
Nearest Rounded Age	42.0	1.053
Calibration Factor		1.010

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.654	0.90
21	0.727	1.00
22	0.727	1.00
23	0.727	1.00
24	0.727	1.00
25	0.727	1.00
26	0.727	1.00
27	0.727	1.00
28	0.744	1.02
29	0.76	1.05
30	0.779	1.07
31	0.799	1.10
32	0.817	1.12
33	0.836	1.15
34	0.856	1.18
35	0.876	1.20
36	0.896	1.23
37	0.916	1.26
38	0.927	1.28
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

Pediatric Dental Factor Development
Exhibit 14

Current Pool	Current Plan	Member Months	Ped Dental Factor
Individual	All	27,718	1.0001
Small Group	All	47,824	1.0002
Grand Total		75,542	1.0001

Contract Limit of 3 Children Factor
Exhibit 15

Number of Children	Number of KP Subscribers	# of Children Above Rating Cap
0-3	4,719	0
4+	31	41
a	# of Non-rated Dependents	41
b	Total Members	6,463
c	Age Factor, non-rated dep	0.654
d	Age Factor - Total Population	1.042
$e = (b*d - a*c)/(b-a)$	Age Factor - Rated Population	1.045
$f = 1 + a/(b-a) * c/e$	Adjustment Exhibit 16 line 7	1.004

Based upon historical membership for the individual medically
screened block, both grandfathered and non-grandfathered

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2017
District of Columbia Small Group Exchange
Appendix I-A

[illegible]

Rates effective January 1, 2017
District of Columbia Small Group Exchange
Appendix I-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$293.02	\$280.44	\$267.30	\$262.85	\$243.57	\$237.51
21	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
22	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
23	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
24	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
25	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
26	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
27	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
28	\$333.35	\$319.03	\$304.08	\$299.02	\$277.09	\$270.20
29	\$340.52	\$325.89	\$310.62	\$305.45	\$283.05	\$276.01
30	\$349.03	\$334.04	\$318.38	\$313.09	\$290.13	\$282.91
31	\$357.99	\$342.62	\$326.56	\$321.13	\$297.57	\$290.17
32	\$366.05	\$350.33	\$333.92	\$328.36	\$304.28	\$296.71
33	\$374.57	\$358.48	\$341.68	\$336.00	\$311.35	\$303.61
34	\$383.53	\$367.06	\$349.86	\$344.04	\$318.80	\$310.87
35	\$392.49	\$375.63	\$358.03	\$352.07	\$326.25	\$318.14
36	\$401.45	\$384.21	\$366.20	\$360.11	\$333.70	\$325.40
37	\$410.41	\$392.79	\$374.38	\$368.15	\$341.15	\$332.66
38	\$415.34	\$397.50	\$378.87	\$372.57	\$345.25	\$336.66
39	\$420.27	\$402.22	\$383.37	\$376.99	\$349.34	\$340.65
40	\$436.85	\$418.08	\$398.49	\$391.86	\$363.12	\$354.09
41	\$453.87	\$434.38	\$414.02	\$407.14	\$377.27	\$367.89
42	\$471.79	\$451.53	\$430.37	\$423.21	\$392.17	\$382.42
43	\$490.16	\$469.11	\$447.13	\$439.69	\$407.44	\$397.31
44	\$509.43	\$487.55	\$464.70	\$456.97	\$423.46	\$412.92
45	\$529.14	\$506.42	\$482.69	\$474.66	\$439.84	\$428.90
46	\$549.75	\$526.14	\$501.49	\$493.15	\$456.98	\$445.61
47	\$571.26	\$546.73	\$521.10	\$512.44	\$474.85	\$463.04
48	\$593.66	\$568.17	\$541.54	\$532.53	\$493.47	\$481.20
49	\$616.96	\$590.46	\$562.79	\$553.43	\$512.84	\$500.08
50	\$641.15	\$613.62	\$584.86	\$575.14	\$532.95	\$519.69
51	\$666.25	\$637.63	\$607.75	\$597.64	\$553.81	\$540.03
52	\$692.23	\$662.50	\$631.46	\$620.95	\$575.41	\$561.09
53	\$719.11	\$688.23	\$655.98	\$645.07	\$597.75	\$582.88
54	\$747.34	\$715.25	\$681.73	\$670.39	\$621.22	\$605.76
55	\$776.46	\$743.12	\$708.29	\$696.51	\$645.43	\$629.37
56	\$806.93	\$772.28	\$736.09	\$723.84	\$670.75	\$654.07
57	\$838.30	\$802.29	\$764.70	\$751.98	\$696.82	\$679.49
58	\$871.00	\$833.60	\$794.53	\$781.32	\$724.01	\$706.00
59	\$905.05	\$866.19	\$825.59	\$811.86	\$752.31	\$733.60
60	\$940.45	\$900.06	\$857.88	\$843.61	\$781.74	\$762.29
61	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
62	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
63	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
64+	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06

	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
	PC DC Gold 02/30Data/Ped Dest	PC DC Platinum 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest
20 and Under	\$281.74	\$269.25	\$256.63	\$252.36	\$233.85	\$228.03	\$214.95	\$208.58	\$195.70	\$192.86	\$181.29	\$160.75	\$151.85	\$147.77	\$175.70	\$214.55	\$272.18
21	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
22	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
23	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
24	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
25	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
26	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
27	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
28	\$320.04	\$306.30	\$291.95	\$287.09	\$266.04	\$259.42	\$244.53	\$237.28	\$222.63	\$219.40	\$206.24	\$182.87	\$172.75	\$168.10	\$199.88	\$244.02	\$309.64
29	\$326.93	\$312.89	\$298.23	\$293.27	\$271.76	\$264.99	\$249.79	\$242.38	\$227.42	\$224.12	\$210.67	\$186.80	\$176.46	\$171.72	\$204.26	\$249.26	\$316.29
30	\$335.10	\$320.71	\$305.68	\$300.60	\$278.55	\$271.62	\$256.03	\$248.44	\$233.10	\$229.72	\$215.94	\$191.48	\$180.87	\$176.02	\$209.28	\$255.50	\$324.21
31	\$343.70	\$329.33	\$315.53	\$308.32	\$286.70	\$279.65	\$263.63	\$256.96	\$241.48	\$238.62	\$224.88	\$198.52	\$187.48	\$182.66	\$214.66	\$262.06	\$332.52
32	\$351.45	\$336.36	\$320.59	\$315.27	\$292.14	\$284.87	\$268.52	\$260.56	\$244.48	\$240.93	\$226.81	\$198.70	\$187.48	\$182.66	\$214.66	\$262.06	\$332.52
33	\$359.62	\$344.18	\$328.05	\$322.59	\$298.93	\$291.49	\$274.77	\$266.61	\$250.16	\$246.53	\$231.74	\$205.48	\$194.11	\$188.89	\$224.60	\$274.20	\$347.93
34	\$368.22	\$352.41	\$335.90	\$330.34	\$306.08	\$298.47	\$281.34	\$273.00	\$256.15	\$252.43	\$237.29	\$210.40	\$198.75	\$193.41	\$229.97	\$280.76	\$356.24
35	\$376.83	\$360.65	\$343.74	\$338.03	\$313.24	\$303.45	\$287.92	\$279.38	\$262.13	\$258.33	\$242.82	\$215.32	\$203.40	\$197.93	\$235.34	\$287.32	\$364.57
36	\$385.43	\$368.88	\$351.60	\$345.74	\$320.39	\$311.24	\$294.49	\$285.75	\$268.12	\$264.22	\$248.37	\$220.23	\$208.04	\$202.45	\$240.72	\$293.87	\$372.90
37	\$394.04	\$377.17	\$359.44	\$353.46	\$327.83	\$318.13	\$301.36	\$292.13	\$274.13	\$270.12	\$254.68	\$226.15	\$213.68	\$207.99	\$246.09	\$301.12	\$381.22
38	\$398.77	\$381.64	\$363.76	\$357.71	\$331.48	\$323.23	\$304.67	\$295.64									

Rates effective April 1, 2017
District of Columbia Small Group Exchange
Appendix II-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$295.40	\$282.71	\$269.47	\$264.98	\$245.54	\$239.44
21	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
22	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
23	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
24	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
25	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
26	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
27	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
28	\$336.05	\$321.62	\$306.55	\$301.44	\$279.34	\$272.39
29	\$343.28	\$328.53	\$313.14	\$307.93	\$285.34	\$278.25
30	\$351.86	\$336.75	\$320.96	\$315.63	\$292.48	\$285.20
31	\$360.89	\$345.40	\$329.21	\$323.73	\$299.98	\$292.52
32	\$369.02	\$353.17	\$336.63	\$331.02	\$306.75	\$299.12
33	\$377.61	\$361.39	\$344.45	\$338.72	\$313.87	\$306.07
34	\$386.64	\$370.04	\$352.70	\$346.83	\$321.38	\$313.39
35	\$395.67	\$378.68	\$360.93	\$354.92	\$328.90	\$320.72
36	\$404.70	\$387.32	\$369.17	\$363.03	\$336.41	\$328.04
37	\$413.74	\$395.97	\$377.42	\$371.13	\$343.92	\$335.36
38	\$418.71	\$400.72	\$381.94	\$375.59	\$348.05	\$339.39
39	\$423.68	\$405.48	\$386.48	\$380.05	\$352.17	\$343.41
40	\$440.39	\$421.47	\$401.72	\$395.04	\$366.06	\$356.96
41	\$457.55	\$437.90	\$417.38	\$410.44	\$380.33	\$370.87
42	\$475.61	\$455.19	\$433.86	\$426.64	\$395.35	\$385.52
43	\$494.13	\$472.91	\$450.76	\$443.25	\$410.74	\$400.53
44	\$513.56	\$491.50	\$468.47	\$460.67	\$426.89	\$416.27
45	\$533.43	\$510.53	\$486.60	\$478.51	\$443.41	\$432.38
46	\$554.21	\$530.41	\$505.56	\$497.15	\$460.68	\$449.22
47	\$575.89	\$551.16	\$525.32	\$516.59	\$478.70	\$466.79
48	\$598.47	\$572.78	\$545.93	\$536.85	\$497.47	\$485.10
49	\$621.96	\$595.25	\$567.35	\$557.92	\$517.00	\$504.13
50	\$646.35	\$618.59	\$589.60	\$579.80	\$537.27	\$523.90
51	\$671.65	\$642.80	\$612.68	\$602.49	\$558.30	\$544.41
52	\$697.84	\$667.87	\$636.58	\$625.98	\$580.08	\$565.64
53	\$724.94	\$693.81	\$661.30	\$650.30	\$602.60	\$587.61
54	\$753.40	\$721.05	\$687.26	\$675.83	\$626.26	\$610.67
55	\$782.76	\$749.14	\$714.03	\$702.16	\$650.66	\$634.47
56	\$813.47	\$778.54	\$742.06	\$729.71	\$676.19	\$659.37
57	\$845.10	\$808.79	\$770.90	\$758.08	\$702.47	\$685.00
58	\$878.06	\$840.36	\$800.97	\$787.65	\$729.88	\$711.72
59	\$912.39	\$873.21	\$832.28	\$818.44	\$758.41	\$739.55
60	\$948.07	\$907.36	\$864.84	\$850.45	\$788.08	\$768.47
61	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
62	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
63	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
64+	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2017
District of Columbia Small Group Exchange
Appendix III-A

[illegible]

Rates effective July 1, 2017
District of Columbia Small Group Exchange
Appendix III-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$297.79	\$285.01	\$271.65	\$267.13	\$247.54	\$241.38
21	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
22	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
23	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
24	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
25	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
26	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
27	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
28	\$338.78	\$324.22	\$309.03	\$303.89	\$281.60	\$274.60
29	\$346.06	\$331.20	\$315.68	\$310.42	\$287.66	\$280.50
30	\$354.71	\$339.48	\$323.56	\$318.19	\$294.85	\$287.52
31	\$363.82	\$348.20	\$331.88	\$326.36	\$302.41	\$294.89
32	\$372.01	\$356.03	\$339.36	\$333.71	\$309.23	\$301.54
33	\$380.67	\$364.32	\$347.24	\$341.47	\$316.42	\$308.55
34	\$389.77	\$373.04	\$355.56	\$349.64	\$323.99	\$315.93
35	\$398.88	\$381.75	\$363.86	\$357.80	\$331.56	\$323.32
36	\$407.99	\$390.47	\$372.16	\$365.97	\$339.13	\$330.70
37	\$417.09	\$399.18	\$380.48	\$374.14	\$346.70	\$338.08
38	\$422.10	\$403.97	\$385.04	\$378.64	\$350.87	\$342.14
39	\$427.11	\$408.77	\$389.61	\$383.13	\$355.03	\$346.20
40	\$443.96	\$424.89	\$404.98	\$398.24	\$369.03	\$359.85
41	\$461.26	\$441.45	\$420.76	\$413.77	\$383.41	\$373.88
42	\$479.47	\$458.88	\$437.38	\$430.10	\$398.55	\$388.65
43	\$498.14	\$476.75	\$454.41	\$446.85	\$414.07	\$403.78
44	\$517.72	\$495.49	\$472.27	\$464.41	\$430.35	\$419.64
45	\$537.75	\$514.66	\$490.55	\$482.39	\$447.00	\$435.88
46	\$558.70	\$534.71	\$509.65	\$501.18	\$464.42	\$452.86
47	\$580.56	\$555.63	\$529.58	\$520.78	\$482.58	\$470.58
48	\$603.33	\$577.42	\$550.36	\$541.20	\$501.50	\$489.03
49	\$627.00	\$600.07	\$571.95	\$562.44	\$521.19	\$508.22
50	\$651.59	\$623.61	\$594.38	\$584.50	\$541.63	\$528.15
51	\$677.10	\$648.01	\$617.64	\$607.37	\$562.83	\$548.82
52	\$703.50	\$673.29	\$641.74	\$631.06	\$584.78	\$570.22
53	\$730.82	\$699.43	\$666.66	\$655.57	\$607.48	\$592.37
54	\$759.51	\$726.89	\$692.83	\$681.30	\$631.33	\$615.62
55	\$789.10	\$755.22	\$719.82	\$707.85	\$655.94	\$639.62
56	\$820.07	\$784.85	\$748.07	\$735.62	\$681.67	\$664.72
57	\$851.95	\$815.35	\$777.15	\$764.22	\$708.16	\$690.55
58	\$885.18	\$847.17	\$807.47	\$794.04	\$735.80	\$717.49
59	\$919.78	\$880.29	\$839.03	\$825.08	\$764.56	\$745.54
60	\$955.76	\$914.71	\$871.85	\$857.34	\$794.47	\$774.70
61	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
62	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
63	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
64+	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2017
District of Columbia Small Group Exchange
Appendix IV-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
Age	P DC Platinum \$200/2000/Pd Dental	P DC Platinum \$200/2000/Pd Dental	KP DC Gold \$240/2400/Pd Dental	DC Gold \$260/2600/Pd Dental	P DC Gold \$280/2800/Pd Dental	P DC Gold \$280/2800/Pd Dental	KP DC Gold \$280/2800/Pd Dental	P DC Silver \$280/2800/Pd Dental	P DC Silver \$280/2800/Pd Dental	KP DC Silver \$280/2800/Pd Dental	KP DC Silver \$280/2800/Pd Dental	KP DC Silver \$280/2800/Pd Dental	KP DC Silver \$280/2800/Pd Dental	KP DC Silver \$280/2800/Pd Dental	KP DC Silver \$280/2800/Pd Dental	KP DC Silver \$280/2800/Pd Dental	KP DC Gold \$280/2800/Pd Dental
20 and Under	\$285.91	\$273.63	\$260.81	\$256.47	\$272.66	\$231.75	\$218.45	\$211.97	\$198.89	\$196.00	\$184.24	\$161.37	\$154.32	\$150.17	\$178.56	\$218.00	\$276.61
21	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
22	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
23	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
24	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
25	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
26	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
27	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
28	\$325.25	\$311.29	\$296.70	\$291.76	\$270.37	\$263.64	\$248.51	\$241.14	\$226.25	\$222.98	\$209.60	\$185.85	\$175.56	\$170.84	\$203.13	\$248.00	\$314.68
29	\$332.25	\$317.98	\$303.08	\$298.04	\$276.18	\$269.31	\$253.86	\$251.12	\$227.77	\$224.10	\$210.37	\$189.84	\$179.33	\$174.52	\$207.50	\$253.32	\$321.44
30	\$340.56	\$325.93	\$310.65	\$305.49	\$283.09	\$276.05	\$260.20	\$252.48	\$236.90	\$233.46	\$219.45	\$194.60	\$183.82	\$178.88	\$212.69	\$259.66	\$329.49
31	\$349.30	\$334.30	\$318.64	\$313.34	\$290.35	\$283.13	\$266.88	\$258.97	\$242.99	\$239.46	\$225.09	\$199.59	\$188.54	\$183.47	\$218.15	\$266.32	\$337.94
32	\$357.17	\$341.83	\$325.81	\$320.40	\$296.90	\$289.51	\$272.89	\$264.80	\$248.46	\$244.85	\$230.16	\$204.08	\$192.78	\$187.60	\$223.06	\$272.33	\$345.55
33	\$365.48	\$349.78	\$333.39	\$327.85	\$303.80	\$296.24	\$279.24	\$270.95	\$254.23	\$250.55	\$235.52	\$208.83	\$197.27	\$191.96	\$228.25	\$278.66	\$353.59
34	\$374.22	\$358.15	\$341.37	\$335.68	\$311.06	\$303.33	\$285.92	\$277.44	\$260.52	\$256.54	\$241.15	\$213.83	\$201.98	\$196.55	\$233.71	\$285.33	\$362.04
35	\$382.97	\$366.52	\$349.34	\$343.53	\$318.34	\$310.42	\$292.60	\$283.93	\$266.40	\$262.83	\$246.78	\$218.83	\$206.71	\$201.15	\$239.17	\$292.00	\$370.51
36	\$391.70	\$374.88	\$357.32	\$351.37	\$325.60	\$317.50	\$299.28	\$290.40	\$272.48	\$268.53	\$252.41	\$223.82	\$211.43	\$205.74	\$244.63	\$298.66	\$378.97
37	\$400.45	\$383.25	\$365.29	\$359.22	\$332.87	\$324.59	\$305.96	\$296.89	\$278.57	\$274.52	\$258.05	\$228.82	\$216.14	\$210.33	\$250.10	\$305.33	\$387.42
38	\$405.26	\$387.85	\$369.68	\$363.53	\$336.87	\$328.49	\$309.63	\$300.45	\$281.91	\$277.82	\$261.15	\$231.56	\$218.75	\$212.86	\$253.10	\$309.00	\$392.08
39	\$410.06	\$392.46	\$374.06	\$367.84	\$340.87	\$332.38	\$313.31	\$304.02	\$285.26	\$281.12	\$264.24	\$234.31	\$221.34	\$215.38	\$256.10	\$312.66	\$396.74
40	\$426.24	\$407.94	\$388.83	\$382.35	\$354.31	\$345.50	\$325.66	\$316.00	\$296.51	\$292.00	\$274.67	\$243.56	\$230.07	\$223.88	\$266.20	\$334.99	\$412.38
41	\$442.86	\$423.83	\$403.98	\$397.26	\$368.12	\$358.96	\$338.36	\$328.33	\$308.06	\$303.59	\$285.38	\$253.05	\$239.03	\$232.61	\$276.58	\$337.66	\$428.45
42	\$460.35	\$440.57	\$419.93	\$412.94	\$382.66	\$373.14	\$351.72	\$341.29	\$320.22	\$315.58	\$296.64	\$263.04	\$248.48	\$241.80	\$287.50	\$350.99	\$445.37
43	\$478.27	\$457.72	\$436.28	\$429.02	\$397.55	\$387.67	\$365.42	\$354.58	\$332.69	\$327.87	\$308.20	\$273.28	\$258.15	\$251.21	\$298.69	\$364.66	\$462.71
44	\$497.07	\$475.72	\$453.42	\$445.88	\$413.18	\$402.90	\$379.78	\$368.51	\$345.78	\$340.76	\$320.31	\$284.02	\$268.29	\$261.08	\$310.43	\$378.99	\$480.90
45	\$516.51	\$494.13	\$470.97	\$463.14	\$430.50	\$420.17	\$394.47	\$383.94	\$359.16	\$353.94	\$332.70	\$295.01	\$278.68	\$271.19	\$322.45	\$393.66	\$499.51
46	\$536.41	\$513.38	\$489.32	\$481.18	\$445.88	\$434.80	\$409.84	\$397.69	\$373.14	\$367.72	\$345.66	\$306.51	\$289.53	\$281.75	\$335.01	\$408.99	\$518.97
47	\$557.40	\$533.46	\$508.46	\$500.01	\$463.33	\$451.80	\$425.87	\$413.24	\$387.74	\$382.12	\$359.19	\$318.49	\$300.86	\$292.77	\$348.11	\$424.99	\$539.27
48	\$579.25	\$554.38	\$528.40	\$519.61	\$481.49	\$469.52	\$442.57	\$429.45	\$402.94	\$397.09	\$373.27	\$330.98	\$312.65	\$304.25	\$361.76	\$441.66	\$560.41
49	\$601.99	\$576.14	\$549.13	\$540.00	\$497.95	\$485.05	\$457.95	\$446.30	\$418.76	\$412.68	\$389.92	\$343.97	\$324.93	\$316.19	\$375.96	\$458.98	\$582.41
50	\$623.59	\$598.73	\$570.67	\$561.18	\$520.02	\$507.09	\$477.98	\$463.80	\$435.19	\$428.86	\$401.13	\$357.47	\$337.67	\$328.59	\$390.70	\$476.99	\$605.25
51	\$650.08	\$622.16	\$593.00	\$583.14	\$540.37	\$526.93	\$496.69	\$481.95	\$452.21	\$445.65	\$418.91	\$371.45	\$350.89	\$341.45	\$406.00	\$495.65	\$628.93
52	\$675.44	\$646.43	\$616.14	\$605.88	\$561.45	\$547.48	\$516.06	\$500.75	\$469.85	\$463.03	\$435.25	\$385.94	\$364.57	\$354.77	\$421.83	\$514.99	\$653.47
53	\$701.66	\$671.53	\$640.06	\$629.41	\$583.25	\$568.74	\$536.10	\$520.20	\$488.10	\$481.01	\$452.15	\$400.93	\$378.72	\$368.55	\$434.21	\$534.98	\$678.85
54	\$729.20	\$697.89	\$665.18	\$654.13	\$606.15	\$591.07	\$557.14	\$540.62	\$507.26	\$501.30	\$469.90	\$416.66	\$393.39	\$381.02	\$455.41	\$555.99	\$705.48
55	\$757.62	\$725.08	\$691.11	\$679.62	\$629.76	\$614.10	\$578.85	\$561.68	\$527.02	\$519.37	\$488.21	\$434.90	\$408.93	\$397.93	\$473.15	\$577.65	\$732.98
56	\$787.35	\$753.53	\$718.22	\$706.27	\$654.47	\$638.19	\$601.57	\$583.72	\$547.70	\$539.75	\$507.36	\$449.89	\$424.98	\$413.55	\$491.72	\$600.32	\$761.74
57	\$817.96	\$782.83	\$746.14	\$733.73	\$679.91	\$663.00	\$624.95	\$606.41	\$562.95	\$560.73	\$527.08	\$467.38	\$441.50	\$429.62	\$510.84	\$623.66	\$791.35
58	\$849.87	\$813.37	\$775.25	\$762.36	\$706.44	\$688.87	\$649.53	\$630.07	\$591.19	\$582.60	\$547.65	\$485.61	\$458.72	\$446.38	\$530.76	\$647.99	\$822.23
59	\$883.10	\$845.17	\$805.36	\$792.16	\$734.06	\$715.80	\$674.72	\$654.70	\$605.38	\$604.66	\$569.06	\$504.60	\$476.66	\$463.84	\$551.52	\$673.31	\$854.37
60	\$917.63	\$878.22	\$837.06	\$823.14	\$762.77	\$743.79	\$701.10	\$680.31	\$638.33	\$639.06	\$591.11	\$523.33	\$495.29	\$481.98	\$573.09	\$699.65	\$887.79
61	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
62	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
63	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
64+	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47

Rates effective October 1, 2017
District of Columbia Small Group Exchange
Appendix IV-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$300.20	\$287.32	\$273.85	\$269.30	\$249.54	\$243.33
21	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
22	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
23	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
24	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
25	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
26	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
27	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
28	\$341.52	\$326.85	\$311.54	\$306.35	\$283.88	\$276.83
29	\$348.87	\$333.88	\$318.24	\$312.94	\$289.99	\$282.78
30	\$357.59	\$342.23	\$326.19	\$320.77	\$297.24	\$289.85
31	\$366.77	\$351.02	\$334.57	\$329.00	\$304.87	\$297.28
32	\$375.03	\$358.92	\$342.11	\$336.41	\$311.74	\$303.99
33	\$383.75	\$367.27	\$350.06	\$344.24	\$318.98	\$311.05
34	\$392.93	\$376.06	\$358.44	\$352.48	\$326.62	\$318.49
35	\$402.11	\$384.84	\$366.81	\$360.70	\$334.25	\$325.94
36	\$411.29	\$393.63	\$375.18	\$368.94	\$341.88	\$333.38
37	\$420.47	\$402.42	\$383.56	\$377.18	\$349.51	\$340.82
38	\$425.52	\$407.25	\$388.16	\$381.71	\$353.72	\$344.91
39	\$430.57	\$412.08	\$392.77	\$386.23	\$357.91	\$349.00
40	\$447.56	\$428.33	\$408.26	\$401.47	\$372.02	\$362.77
41	\$465.00	\$445.03	\$424.17	\$417.12	\$386.52	\$376.91
42	\$483.36	\$462.60	\$440.92	\$433.59	\$401.79	\$391.80
43	\$502.18	\$480.61	\$458.09	\$450.47	\$417.43	\$407.05
44	\$521.92	\$499.50	\$476.09	\$468.17	\$433.84	\$423.04
45	\$542.11	\$518.84	\$494.53	\$486.30	\$450.62	\$439.42
46	\$563.23	\$539.04	\$513.79	\$505.24	\$468.19	\$456.54
47	\$585.27	\$560.14	\$533.88	\$525.00	\$486.49	\$474.39
48	\$608.22	\$582.10	\$554.82	\$545.59	\$505.57	\$493.00
49	\$632.09	\$604.94	\$576.59	\$567.00	\$525.41	\$512.34
50	\$656.87	\$628.67	\$599.20	\$589.24	\$546.02	\$532.43
51	\$682.59	\$653.26	\$622.65	\$612.29	\$567.39	\$553.27
52	\$709.20	\$678.74	\$646.94	\$636.18	\$589.52	\$574.85
53	\$736.74	\$705.11	\$672.06	\$660.89	\$612.41	\$597.17
54	\$765.66	\$732.79	\$698.45	\$686.83	\$636.45	\$620.61
55	\$795.50	\$761.34	\$725.66	\$713.59	\$661.26	\$644.80
56	\$826.72	\$791.22	\$754.14	\$741.59	\$687.20	\$670.11
57	\$858.85	\$821.96	\$783.45	\$770.42	\$713.91	\$696.15
58	\$892.36	\$854.04	\$814.01	\$800.48	\$741.76	\$723.31
59	\$927.24	\$887.43	\$845.83	\$831.77	\$770.76	\$751.59
60	\$963.51	\$922.13	\$878.91	\$864.30	\$800.91	\$780.98
61	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
62	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
63	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
64+	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia
2017 Small Group Rate Filing
HIOS Issuer ID 94506

HIOS Product ID 94506DC035, 94506DC036

Form Numbers DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-17)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-17)HIX, DC-SG-BRONZE-5250-50-DENTAL-DHMO-COST(01-17)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-17)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-16)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-1350-30-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-2250-30-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-2500-30-20%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-SILVER-1500-30-25%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1350-0%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-BRONZE-5750-50-40%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1000-30-POS-DENTAL-COST(01-17)HIX, DC-SG-SILVER-2250-30-POS-DENTAL-COST(01-17)HIX, DC-SG-BRONZE-5250-50-POS-DENTAL-COST(01-17)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-17)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-17)HIX, DC-SG-BRONZE-5250-50-DENTAL-DHMO-RX(01-17)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-17)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-17)HIX, DC- DC-SG-SILVER-2250-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-SILVER-1350-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-BRONZE-5750-50-40%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-GOLD-1350-0%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-SILVER-1500-30-25%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-SILVER-2500-30-20%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-BRONZE-5250-50-POS-DENTAL-RX(01-17)HIX, DC-SG-GOLD-1000-30-POS-DENTAL-RX(01-17)HIX, DC-SG-SILVER-2250-30-POS-DENTAL-RX(01-17)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2017. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2017 Carrier Reference Manual* (April 2016, Version 1). It is not intended for any other purpose.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered products that existed prior to March 23, 2010.

KFHP is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans. For purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2016 to 2017 is 9.3%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2017 to the 2016 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2017/2016
Based Period Experience	0.964
Base Period Utilization Copay	1.014
Pricing Trend	0.996
Morbidity Adjustment	1.022
Risk Adjustment Recoveries	1.110
3 Child Factor	1.000
Reinsurance Recoveries	1.000
Reinsurance Premium	0.993
Average Age Impact	1.003
Additional EHB	0.994
Exchange Fee	1.000
Fixed Cost Adjustment	1.000
Total Market Adjusted Index Rate Change	109.3%

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2017 for the new ACA plans is developed by accumulating medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Child-Only, Conversion, Dues Subsidy, ACA plans and Small Group lines of business incurred in 2015 including the incurred but not reported (IBNR) estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2017. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as incurred plus member cost sharing.

Capitations:

KFHP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.18 PMPM to cover adult preventative. The \$1.18 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 9.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal fixed costs, which are allocated and lag in reporting is immaterial.

The completion factors used to complete the base period external claims are taken from KFHP's overall commercial line of business by type of service. The claims are incurred in 2015 and paid through 1/31/2016.

Premium:

Premium was captured for calendar year 2015 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity

Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from row (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2017 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Also included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2017 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 9 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$7,008.76.

Risk Adjustment

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

Assumptions are documented regarding the current relative morbidity of KFHP’s population along with the expected morbidity of the future market relative to KFHP. Growth assumptions for the market as a whole and KFHP specifically are used to calculate KFHP’s 2017 expected relative morbidity to the market. This value is used to determine the expected risk adjustment impact to the market adjusted index rate.

Reinsurance

The reinsurance contribution for the Federal Reinsurance Program is included in the rate build up and shown as a factor in Exhibit 1, line (19).

Reinsurance is a temporary ACA program. As proposed in the 2017 payment notice, the reinsurance program will end with the 2016 benefit year. Reinsurance only affects the rates in the base period (2015), not the rates in the projected period (2017).

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Quarterly Rate Factors

Exhibit 11 contains the quarterly rate factors that will be applied to base rates for 2nd, 3rd and 4th 2017 effective dates. These adjustments are based on an annual trend of 3.3%. Kaiser reserves the right to amend this filing with new quarterly factors based on emerging experience and other subsequent events.

In order for the Index Rate in the Projection Period in Wk1 Section III of the URRT to reflect the average quarterly rate, a weighted average trend adjustment based on the assumed distribution of renewals throughout the year has been development.

	Q1	Q2	Q3	Q4	
Members	2,063	459	572	1,331	
Trend	3.3%	3.3%	3.3%	3.3%	Proj Index Adj
Months	24	27	30	33	for Small Group
	1.068	1.077	1.085	1.094	1.008

Profit and Risk Margin

As mentioned above, the capital contribution of -2.60%, shown in Exhibit 8, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare.

Taxes and Fees

Administrative expense has been adjusted to reflect the PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017.. The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 18.0%, which includes a -2.6% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 84.0%. The MLR would be expected to be higher due to the required adjustments to both claims and premium in the prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. Because of the lack of credible emerging experience as well as the uncertainty of the increasing mandate in 2017, we have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2017 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2015 to 2017, our projected total internal annualized medical expense trend for Small Group is 3.3% and is shown in Exhibit 6 of our filing.

Alternative AV Calculations

The AV calculator does not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). KFHP requested from a major actuarial consulting firm the national average allowed amount for outpatient facility costs in 2015. We have updated the national average allowed amount for the 2017 rate filing. To determine AVs for plans outpatient facility copays, we propose an OP Copay Converter to be used with the AV calculator. To create this converter, we compared the copay amount to the estimated average national OP facility allowed amount to calculate the implied coinsurance % for OP procedures. This coinsurance should only be applied to the OP facility cost and not the OP professional cost, which should be covered at 100%.

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 9 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 9 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

Network Adjustment

KFHP provides services to its members in its Signature network in its medical offices and externally with contracted providers. KFHP offers an expanded network of contracted non-KFHP physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings. For the POS plans, the factor is 1.04, reflecting steerage of 80% for Tier 1.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's business plan. Detailed assumptions are presented and documented in Exhibit 7.1-7.3.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Terminated Plans:

The following non-grandfathered plans are included in the "Terminate Plans" column in Worksheet 2 of the URRT.

DC Added Choice POS Plan 1 (\$5/\$10)
DC Added Choice POS Plan 2 (\$15/\$25)
DC DHMO Plan 1 (\$10/\$20/\$250 Ded - 90%)
DC DHMO Plan 2 (\$15/\$25/\$500 Ded - 90%)
DC DHMO Plan 3 (\$25/\$35/\$2,000 Ded - 80%)
DC DHMO Plan 4 (\$25/\$35/\$1000 Ded - 80%)
DC Flex Choice Plan 1 (100/90/70 - \$10-\$20 OV)

DC Flex Choice Plan 2 (100/80/60 - \$15-\$25 OV)
 DC Flex Choice Plan 3 (100/70/50 - \$25-\$35 OV)
 DC Flex Choice Plan 4 (100/80/60 - \$10-\$25 OV)
 DC HDHP Plan 1 (\$1,250 Ded – 80%)
 DC HDHP Plan 2 (\$1,750 Ded – 70%)
 DC HDHP Plan 3 (\$2,250 Ded – 70%)
 DC HDHP Plan 4 (\$1,250 Ded - 100%)
 DC HDHP Plan 5 (\$2,250 Ded - 100%)
 DC HDHP Plan 8 (\$2,800 Ded - 100%)
 DC HMO Plan 1 (\$5/\$10/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 2 (\$10/\$20/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 3 (\$15/\$25/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 4 (\$15/\$30/\$500 IP/\$0 Rx Ded)
 DC HMO Plan 5 (\$20/\$30/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 6 (\$20/\$40/20% IP/\$0 Rx Ded)
 DC HMO Plan 7 (\$10/\$10/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 8 (\$20/\$20/\$500 IP/\$0 Rx Ded)

Warning Alert:

There are no warning alerts in Wk2 of the URRT

Summary Rate Calculation

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 9. The final 2017 Consumer Adjusted Premium Rates are developed by applying the age slope, contract limit of 3 children factor, and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 –Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustments
- Exhibit 5 – Demographic Adjustment
- Exhibit 6 – Trend Factor
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual
- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – Administrative Expense
- Exhibit 9 – Plan Adjusted Index Rates Development
- Exhibit 10 – AV Calculator Values
- Exhibit 11 – Quarterly Rate Factors
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I-A - 1st Quarter 2017 Signature Network Rate Sheet
- Appendix I-B - 1st Quarter 2017 Select Network Rate Sheet
- Appendix II-A - 2nd Quarter 2017 Signature Network Rate Sheet
- Appendix II-B - 2nd Quarter 2017 Select Network Rate Sheet
- Appendix III-A - 3rd Quarter 2017 Signature Network Rate Sheet

- Appendix III-B - 3rd Quarter 2017 Select Network Rate Sheet
- Appendix IV-A - 4th Quarter 2017 Signature Network Rate Sheet
- Appendix IV-B - 4th Quarter 2017 Select Network Rate Sheet

Certification

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. To the best of my knowledge, the rating methodologies of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the development of the Index Rate comply with the applicable District and Federal Statutes and Regulations (45 CFR 156.80(d)(1)). The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on sound and commonly accepted actuarial principles and are neither excessive nor deficient.

A handwritten signature in black ink, appearing to read 'John Xu', with a stylized, cursive script.

John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
4/29/2016

**Index Rate Development
Summary Index Rate Calculation
Exhibit 1**

				<u>Source</u>
(1)	Base Period Allowed	\$310.99	Exhibit 2	
(2)	Non-EHB Claims Adjustment	0.981	Exhibit 3	
(3)	Experience Period Index Rate	\$305.15	(1) * (2)	
(4)	Product/Network Adjustment	1.000		
(5)	Adjusted Base Period Allowed	\$305.15	(1) * (2)	
(6)	Base Period Utilization Adjustment	1.111	Exhibit 4	
(7)	Projection Period Utilization Adjustment	0.897		
(8)	Demographic Adjustment	1.000	Exhibit 5	
(9)	Product/Network Moribidity Adjustment	1.000		
(10)	Additional EHB (including Ped Dental)	1.000	Exhibit 14	
(10)	Annualized Trend	3.3%	Exhibit 6	
(11)	Months of Trend	24		
(12)	Trend Factor	1.067	$\{1 + (10)\} ^ \{ (11) / 12 \}$	
(14)	Change in Morbidity	1.014	Exhibit 7	
(15)	Contract Limit of 3 Children Factor	1.000		
(16)	Combined Projection Period Index Rate Prior to Separate Modifiers	\$328.95	(5) * (6) * (7) * (8) * (9) * (10) * (12) * (13) * (14) * (15)	
(17)	Risk Adjustment	1.111	Exhibit 7	
(18)	Exchange fee	1.000		
(19)	Reinsurance Premium	1.000		
(20)	Market Adjusted Index Rate	\$365.33	(16) * (17) * (18) * (19)	

Allowed Claims Development
Exhibit 2

Current Pool	Current Plans	Member Months	Total
Individual	All	27,718	\$328.35
Small Group	All	47,824	\$300.93
Grand Total		75,542	\$310.99

Non-EHB Adjustments
Exhibit 3

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	27,718	\$6.10
Small Group	All	47,824	\$5.69
Grand Total		75,542	\$5.84

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.9812
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Utilization Copayment Effect Adjustment
Exhibit 4

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	27,718	\$328.35	0.884
Small Group	All	47,824	\$300.93	0.910
Grand Total		75,542	\$310.99	0.900

Adjustment Factor is the Inverse of the Total	1.111
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**Demographic Adjustment
Exhibit 5**

		Member Months	Average Age Factor ¹	Weighed Average Age ²
Experience Period	Individual	27718	1.0850	42.8
	Small Group	47824	1.0178	41.1
	Combined	75542	1.0425	41.7
Projection Period	Individual	30238	1.0850	42.8
	Small Group	53104	1.0178	41.1
	Combined	83342	1.0422	41.7
Demographic Factor			0.9997	

¹ Average age factor based on CMS Age curve

² Weighted Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Exhibit 6
Trend Calculation

Category	Weight	2015 to 2017 Annualized Trend
Inpatient Hospital	20.2%	3.0%
Outpatient Hospital	11.0%	6.4%
Professional	46.2%	1.5%
Other	2.3%	3.5%
Prescription Drug	20.0%	5.9%
Capitation	0.4%	0.9%
Composite	100.0%	3.3%

Risk Adjustment and Morbidity Development
Exhibit 7.1

Development of Risk Adjustment Factor Applied to Index Rate

	<u>Small</u>	<u>Individual</u>	<u>Total</u>
Average Members	4,425	2,520	6,945
Adjustment for change in risk in Kaiser membership	101.2%	101.6%	101.35%
Adjustment for risk adjustment recoveries	111.0%	119.3%	

Risk Adjustment and Morbidity Development
Exhibit 7.2

Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	<u>CY 2015 Member Months</u>	<u>Morbidity</u>
(1) Non-Grandfathered Guaranteed Issue	192	0.898
(2) Non-Grandfathered Medically Underwritten and ACA plans	27,526	0.819
(3) Total	27,718	0.820

Impact of projected membership to Kaiser risk profile in 2017 relative to current market

	<u>Member Months</u>	<u>Morbidity</u>
(5) Current Members [from (4) above]	27,718	0.820
(6) Gender to Unisex Selection Adjustment	27,526	1.000
(7) Total Morbidity Change	27,718	0.820
(8) New Entrants previously uninsured	1,260	0.950
(9) Transfers from other carriers or other KP Segments	1,260	1.000
(10) Subtotal	30,238	0.833

Impact to Current Market from all new entrants in 2017

	<u>Member Months</u>	<u>Risk Relativity</u>
(11) Current Market	429,600	1.000
(12) Uninsured New Entrants	68,106	0.950
(13) Transfers from Group	68,106	1.000
(14) 2017 Market	565,812	0.994
(15) Kaiser risk relativity to 2017 market [(10) / (14)]		0.838
(16) Pent Up Demand Factor for New Entrants		1.000
(17) Adjustment for change in risk in Kaiser membership [(10) / (3)]		101.6%
(18) Adjustment for risk adjustment recoveries [1 / (15)]		119.3%
(19) Adjustment for Pent Up Demand [{ (8) mems * (16) + (5) mems + (9) mems } / (10) mems }]		100.0%
(20) Risk Adjustment fee 1.56/12/ Average Baf / Plan Index Rate		1.0006
(21) Adjustment for net risk adjustment [(18) * (20)]		119.4%

**Risk Adjustment Factor
Exhibit 7.3**

Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	<u>CY 2015 Member Months</u>	<u>Morbidity</u>
(1) Non-Grandfathered ¹	47,824	0.890

Impact of projected membership to Kaiser risk profile in 2017 relative to current market

	<u>Members Months</u>	<u>Morbidity</u>
(2) Current Members [from (4) above]	47,824	0.890
(3) New to Kaiser	5,280	1.000
(4) Subtotal	53,104	0.901

	<u>Member Months</u>	
(5) 2017 Market	421,332	1.000
(6) Kaiser risk relativity to 2017 market [(4) / (5)]		0.901

Development of Risk Adjustment Factor Applied to Index Rate

(7) Adjustment for change in risk in Kaiser membership [(4) / (1)]	101.2%
(8) Adjustment for risk adjustment recoveries [1 / (6)]	111.0%
(9) Total Adjustment [(7) * (8)]	112.4%
(10) Risk Adjustment Fee \$1.56/12/Avg BAF/ Plan Index Rate	1.0006
(11) Net Risk Adjustment -> Exhibit 2 line 15	111.1%

¹ Current Kaiser portfolio is expected to be .89 to market.

Administrative Expense Factor - Small Group
Exhibit 8

Retention Category	Percent of Revenue
Claims Processing	1.27%
Customer Service	1.34%
Taxes	2.05%
Capital Contribution	-2.60%
Member Communication Materials	0.62%
Open Enrollment	1.17%
Utilization Review	2.23%
Care Management	0.37%
Other - Community Service	0.45%
Corporate and Other Overhead	3.98%
Commissions	7.14%
Total	18.03%

Plan Adjusted Index Rates
Exhibit 9

Plans	Metallic Level	Name	Allowable Plan Modifiers					Plan Adjusted Index Rate
			Plan Design	Network Factor	Utilization Copay Effect	Non-EHB	Admin	
1	Platinum	KP DC Platinum 0/20/Dental/Ped Dental	0.948	1.000	0.9225	1.0193	1.2200	442.95
2	Platinum	KP DC Platinum 500/20/Dental/Ped Dental	0.887	1.000	0.9439	1.0193	1.2200	423.93
3	Gold	KP DC Gold 0/20/Dental/Ped Dental	0.899	1.000	0.8880	1.0193	1.2200	404.06
4	Gold	KP DC Gold 500/20/Dental/Ped Dental	0.850	1.000	0.9232	1.0193	1.2200	397.34
5	Gold	KP DC Gold 1000/30/Dental/Ped Dental	0.805	1.000	0.9031	1.0193	1.2200	368.20
6	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental	0.791	1.000	0.8961	1.0193	1.2200	359.04
7	Gold	KP DC Gold 1500/30/HSA/Dental/Ped Dental	0.764	1.000	0.8753	1.0193	1.2200	338.43
8	Silver	KP DC Silver 1350/30/Dental/Ped Dental	0.721	1.000	0.8993	1.0193	1.2200	328.39
9	Silver	KP DC Silver 1500/30/HSA/Dental/Ped Dental	0.694	1.000	0.8769	1.0193	1.2200	308.13
10	Silver	KP DC Silver 2250/30/Dental/Ped Dental	0.679	1.000	0.8829	1.0193	1.2200	303.66
11	Silver	KP DC Silver 2500/30/20%/HSA/Dental/Ped Dental	0.658	1.000	0.8568	1.0193	1.2200	285.44
12	Bronze	KP DC Bronze 5250/50/Dental/Ped Dental	0.591	1.000	0.8462	1.0193	1.2200	253.10
13	Bronze	KP DC Bronze 5750/50/HSA/Dental/Ped Dental	0.577	1.000	0.8184	1.0193	1.2200	239.09
14	Bronze	KP DC Bronze 6550/0%/HSA/Dental/Ped Dental	0.540	1.000	0.8514	1.0193	1.2200	232.66
15	Bronze	KP DC Bronze 5250/50/POS/Dental/Ped Dental	0.675	1.000	0.8097	1.0193	1.2200	276.64
16	Silver	KP DC Silver 2250/30/POS/Dental/Ped Dental	0.775	1.000	0.8612	1.0193	1.2200	337.73
17	Gold	KP DC Gold 1000/30/POS/Dental/Ped Dental	0.924	1.000	0.9165	1.0193	1.2200	428.55
18	Platinum	KP DC Platinum 0/20/Dental/Ped Dental/Sel	0.948	1.050	0.9225	1.0193	1.2200	465.10
19	Platinum	KP DC Platinum 500/20/Dental/Ped Dental/Sel	0.887	1.050	0.9439	1.0193	1.2200	445.13
20	Gold	KP DC Gold 0/20/Dental/Ped Dental/Sel	0.899	1.050	0.8880	1.0193	1.2200	424.27
21	Gold	KP DC Gold 500/20/Dental/Ped Dental/Sel	0.850	1.050	0.9232	1.0193	1.2200	417.21
22	Gold	KP DC Gold 1000/30/Dental/Ped Dental/Sel	0.805	1.050	0.9031	1.0193	1.2200	386.61
23	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel	0.791	1.050	0.8961	1.0193	1.2200	376.99

AV Calculator Values
Exhibit 10

Plans	Metallic Level	Name	AV Value
1	Platinum	KP DC Platinum 0/20/Dental/Ped Dental	0.920
2	Platinum	KP DC Platinum 500/20/Dental/Ped Dental	0.882
3	Gold	KP DC Gold 0/20/Dental/Ped Dental	0.818
4	Gold	KP DC Gold 500/20/Dental/Ped Dental	0.806
5	Gold	KP DC Gold 1000/30/Dental/Ped Dental	0.799
6	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental	0.815
7	Gold	KP DC Gold 1500/30/HSA/Dental/Ped Dental	0.781
8	Silver	KP DC Silver 1350/30/Dental/Ped Dental	0.718
9	Silver	KP DC Silver 1500/30/HSA/Dental/Ped Dental	0.713
10	Silver	KP DC Silver 2250/30/Dental/Ped Dental	0.701
11	Silver	KP DC Silver 2500/30/20%/HSA/Dental/Ped Dental	0.681
12	Bronze	KP DC Bronze 5250/50/Dental/Ped Dental	0.618
13	Bronze	KP DC Bronze 5750/50/HSA/Dental/Ped Dental	0.619
14	Bronze	KP DC Bronze 6550/0%/HSA/Dental/Ped Dental	0.612
15	Bronze	KP DC Bronze 5250/50/POS/Dental/Ped Dental	0.618
16	Silver	KP DC Silver 2250/30/POS/Dental/Ped Dental	0.701
17	Gold	KP DC Gold 1000/30/POS/Dental/Ped Dental	0.799
18	Platinum	KP DC Platinum 0/20/Dental/Ped Dental/Sel	0.920
19	Platinum	KP DC Platinum 500/20/Dental/Ped Dental/Sel	0.882
20	Gold	KP DC Gold 0/20/Dental/Ped Dental/Sel	0.818
21	Gold	KP DC Gold 500/20/Dental/Ped Dental/Sel	0.806
22	Gold	KP DC Gold 1000/30/Dental/Ped Dental/Sel	0.799
23	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel	0.815

Quarterly Rate Factors
Exhibit 11

Plans	Metallic Level	Name	2Q 2017	3 Q 2017	4 Q 2017
1	Platinum	KP DC Platinum 0/20/Dental/Ped Dental	1.008	1.016	1.025
2	Platinum	KP DC Platinum 500/20/Dental/Ped Dental	1.008	1.016	1.025
3	Gold	KP DC Gold 0/20/Dental/Ped Dental	1.008	1.016	1.025
4	Gold	KP DC Gold 500/20/Dental/Ped Dental	1.008	1.016	1.025
5	Gold	KP DC Gold 1000/30/Dental/Ped Dental	1.008	1.016	1.025
6	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental	1.008	1.016	1.025
7	Gold	KP DC Gold 1500/30/HSA/Dental/Ped Dental	1.008	1.016	1.025
8	Silver	KP DC Silver 1350/30/Dental/Ped Dental	1.008	1.016	1.025
9	Silver	KP DC Silver 1500/30/HSA/Dental/Ped Dental	1.008	1.016	1.025
10	Silver	KP DC Silver 2250/30/Dental/Ped Dental	1.008	1.016	1.025
11	Silver	KP DC Silver 2500/30/20%/HSA/Dental/Ped Dental	1.008	1.016	1.025
12	Bronze	KP DC Bronze 5250/50/Dental/Ped Dental	1.008	1.016	1.025
13	Bronze	KP DC Bronze 5750/50/HSA/Dental/Ped Dental	1.008	1.016	1.025
14	Bronze	KP DC Bronze 6550/0%/HSA/Dental/Ped Dental	1.008	1.016	1.025
15	Bronze	KP DC Bronze 5250/50/POS/Dental/Ped Dental	1.008	1.016	1.025
16	Silver	KP DC Silver 2250/30/POS/Dental/Ped Dental	1.008	1.016	1.025
17	Gold	KP DC Gold 1000/30/POS/Dental/Ped Dental	1.008	1.016	1.025
18	Platinum	KP DC Platinum 0/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
19	Platinum	KP DC Platinum 500/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
20	Gold	KP DC Gold 0/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
21	Gold	KP DC Gold 500/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
22	Gold	KP DC Gold 1000/30/Dental/Ped Dental/Sel	1.008	1.016	1.025
23	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel	1.008	1.016	1.025

Age Calibration Factor
Exhibit 12

	<u>Weighted Average Age</u>	<u>Age Factor</u>
Average Age in the Projection Period	41.7	1.042
Nearest Rounded Age	42.0	1.053
Calibration Factor		1.010

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.654	0.90
21	0.727	1.00
22	0.727	1.00
23	0.727	1.00
24	0.727	1.00
25	0.727	1.00
26	0.727	1.00
27	0.727	1.00
28	0.744	1.02
29	0.76	1.05
30	0.779	1.07
31	0.799	1.10
32	0.817	1.12
33	0.836	1.15
34	0.856	1.18
35	0.876	1.20
36	0.896	1.23
37	0.916	1.26
38	0.927	1.28
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

Pediatric Dental Factor Development
Exhibit 14

Current Pool	Current Plan	Member Months	Ped Dental Factor
Individual	All	27,718	1.0001
Small Group	All	47,824	1.0002
Grand Total		75,542	1.0001

Contract Limit of 3 Children Factor
Exhibit 15

Number of Children	Number of KP Subscribers	# of Children Above Rating Cap
0-3	4,719	0
4+	31	41
a	# of Non-rated Dependents	41
b	Total Members	6,463
c	Age Factor, non-rated dep	0.654
d	Age Factor - Total Population	1.042
$e = (b*d - a*c)/(b-a)$	Age Factor - Rated Population	1.045
$f = 1 + a/(b-a) * c/e$	Adjustment Exhibit 16 line 7	1.004

Based upon historical membership for the individual medically
screened block, both grandfathered and non-grandfathered

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2017
District of Columbia Small Group Exchange
Appendix I.A

Age	20 and Under	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
		KP DC Platinum 020/Dental/Pd/Dental	KP DC Platinum 020/Dental/Pd/Dental	KP DC Gold 020/Dental/Pd/Dental	P DC Gold 080/Dental/Pd/Dental	P DC Gold 080/Dental/Pd/Dental	KP DC Gold 100/Dental/Pd/Dental	KP DC Gold 100/Dental/Pd/Dental	KP DC Silver 120/Dental/Pd/Dental	P DC Silver 120/Dental/Pd/Dental	KP DC Silver 120/Dental/Pd/Dental	KP DC Silver 120/Dental/Pd/Dental	KP DC Bronze 120/Dental/Pd/Dental	KP DC Bronze 120/Dental/Pd/Dental	KP DC Bronze 120/Dental/Pd/Dental	KP DC Bronze 120/Dental/Pd/Dental	KP DC Silver 120/Dental/Pd/Dental	KP DC Gold 100/Dental/Pd/Dental
		\$279.07	\$267.08	\$254.57	\$250.33	\$231.97	\$226.30	\$213.22	\$206.90	\$194.13	\$191.31	\$179.83	\$159.46	\$150.63	\$146.58	\$174.29	\$212.78	\$269.99
21		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
22		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
23		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
24		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
25		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
26		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
27		\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$251.45	\$237.02	\$229.99	\$215.80	\$212.66	\$199.90	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
28		\$317.47	\$303.84	\$289.60	\$284.78	\$263.90	\$257.33	\$242.56	\$235.37	\$220.84	\$217.64	\$204.58	\$181.40	\$171.36	\$166.75	\$198.27	\$242.06	\$307.15
29		\$324.30	\$310.37	\$295.83	\$290.91	\$269.57	\$262.86	\$247.78	\$240.43	\$225.59	\$222.32	\$208.98	\$185.30	\$175.04	\$170.34	\$202.53	\$247.26	\$313.75
30		\$332.41	\$318.13	\$303.22	\$298.18	\$276.51	\$269.44	\$253.97	\$246.44	\$231.23	\$227.87	\$214.20	\$189.94	\$179.42	\$174.60	\$207.60	\$253.45	\$321.60
31		\$340.94	\$326.30	\$311.01	\$305.84	\$285.40	\$278.35	\$262.49	\$255.27	\$239.73	\$237.17	\$219.70	\$194.81	\$184.03	\$179.08	\$212.93	\$259.95	\$329.85
32		\$348.62	\$333.65	\$318.01	\$312.73	\$289.79	\$282.58	\$266.36	\$258.46	\$242.51	\$238.99	\$224.65	\$199.20	\$188.17	\$183.11	\$217.72	\$265.81	\$337.28
33		\$356.73	\$341.41	\$325.41	\$320.00	\$296.53	\$289.15	\$272.56	\$264.47	\$248.15	\$244.55	\$229.88	\$203.83	\$192.55	\$187.37	\$222.79	\$271.99	\$345.13
34		\$365.26	\$349.58	\$333.20	\$327.65	\$303.62	\$296.07	\$279.08	\$270.80	\$254.09	\$250.40	\$235.38	\$208.71	\$197.15	\$191.85	\$228.12	\$278.50	\$353.38
35		\$373.80	\$357.75	\$340.96	\$335.31	\$310.72	\$302.99	\$286.40	\$277.13	\$260.02	\$256.25	\$240.87	\$213.59	\$201.76	\$196.34	\$231.45	\$285.01	\$361.64
36		\$382.33	\$365.91	\$348.77	\$342.96	\$317.81	\$309.00	\$292.12	\$283.45	\$265.96	\$262.10	\$246.37	\$218.46	\$206.37	\$200.82	\$238.78	\$291.51	\$369.90
37		\$390.87	\$374.08	\$356.55	\$350.62	\$324.90	\$316.82	\$298.64	\$289.78	\$271.90	\$267.95	\$251.87	\$223.34	\$210.97	\$205.30	\$244.11	\$298.02	\$378.15
38		\$395.56	\$378.47	\$360.83	\$354.83	\$328.81	\$320.63	\$302.22	\$293.26	\$275.16	\$271.17	\$254.90	\$226.02	\$211.51	\$207.77	\$247.04	\$301.60	\$382.70
39		\$409.25	\$393.07	\$365.11	\$359.04	\$332.71	\$324.43	\$306.74	\$297.43	\$278.30	\$273.92	\$257.02	\$228.20	\$214.04	\$210.23	\$249.97	\$305.18	\$387.24
40		\$416.04	\$398.18	\$379.52	\$373.20	\$345.83	\$337.23	\$317.87	\$308.44	\$289.41	\$285.21	\$268.10	\$237.73	\$224.56	\$218.52	\$259.83	\$317.21	\$402.51
41		\$432.26	\$413.69	\$394.31	\$387.75	\$359.37	\$350.37	\$330.26	\$320.47	\$296.32	\$296.32	\$278.55	\$246.99	\$233.31	\$227.04	\$269.96	\$329.58	\$418.20
42		\$449.33	\$430.03	\$409.88	\$403.06	\$373.50	\$364.21	\$343.30	\$333.12	\$312.56	\$308.03	\$289.54	\$256.74	\$242.53	\$236.01	\$280.62	\$342.59	\$434.71
43		\$466.82	\$446.77	\$425.84	\$418.75	\$386.04	\$376.39	\$356.67	\$346.09	\$324.73	\$320.02	\$300.82	\$266.74	\$251.97	\$245.20	\$291.54	\$355.93	\$451.64
44		\$485.17	\$464.33	\$442.57	\$435.21	\$403.29	\$393.26	\$370.69	\$359.69	\$337.50	\$332.60	\$312.64	\$277.22	\$261.87	\$254.83	\$303.00	\$369.92	\$469.39
45		\$503.95	\$482.30	\$459.70	\$452.06	\$418.90	\$408.48	\$385.03	\$373.61	\$350.56	\$345.47	\$324.74	\$287.95	\$272.01	\$264.70	\$314.73	\$384.24	\$487.56
46		\$523.57	\$501.09	\$477.61	\$469.66	\$435.21	\$424.39	\$400.03	\$388.17	\$364.21	\$358.92	\$337.39	\$299.17	\$282.60	\$275.01	\$326.99	\$399.20	\$506.55
47		\$544.06	\$520.69	\$496.29	\$488.04	\$452.24	\$440.99	\$415.68	\$403.55	\$378.46	\$372.97	\$350.59	\$310.87	\$293.66	\$285.76	\$339.78	\$414.82	\$526.36
48		\$565.39	\$541.11	\$515.75	\$507.17	\$469.97	\$458.28	\$431.98	\$419.17	\$393.30	\$384.34	\$361.47	\$323.06	\$305.17	\$296.97	\$353.10	\$431.09	\$547.00
49		\$587.58	\$562.35	\$535.99	\$527.08	\$484.27	\$476.27	\$448.94	\$435.62	\$402.80	\$398.64	\$375.74	\$337.15	\$318.62	\$310.69	\$366.96	\$448.00	\$568.47
50		\$610.62	\$584.40	\$557.01	\$547.75	\$507.57	\$494.95	\$466.54	\$452.70	\$424.77	\$418.60	\$393.48	\$348.91	\$329.59	\$320.73	\$381.35	\$465.57	\$590.76
51		\$634.52	\$607.47	\$578.81	\$569.18	\$527.44	\$514.32	\$484.80	\$470.42	\$441.39	\$434.98	\$408.88	\$362.56	\$344.49	\$333.28	\$396.28	\$483.79	\$612.88
52		\$659.27	\$630.96	\$601.39	\$591.38	\$548.01	\$534.38	\$503.71	\$488.77	\$458.61	\$451.95	\$424.83	\$376.70	\$358.84	\$347.173	\$407.66	\$507.83	\$637.83
53		\$684.87	\$655.46	\$624.74	\$614.35	\$569.29	\$555.13	\$523.27	\$507.75	\$476.42	\$469.50	\$441.33	\$391.33	\$369.66	\$359.73	\$427.72	\$522.18	\$662.60
54		\$711.75	\$681.19	\$649.26	\$638.47	\$591.64	\$576.92	\$543.81	\$527.68	\$495.12	\$487.93	\$458.65	\$406.69	\$384.17	\$373.85	\$444.51	\$542.68	\$688.60
55		\$739.49	\$707.73	\$674.57	\$663.35	\$614.69	\$599.40	\$565.00	\$548.24	\$514.41	\$506.94	\$476.53	\$423.54	\$399.14	\$388.41	\$461.83	\$563.83	\$715.44
56		\$768.51	\$735.50	\$701.01	\$690.77	\$638.81	\$622.92	\$587.17	\$569.75	\$535.83	\$528.99	\$495.22	\$439.12	\$414.81	\$403.65	\$479.95	\$585.95	\$743.51
57		\$798.38	\$764.09	\$728.28	\$716.17	\$663.64	\$647.13	\$609.99	\$591.00	\$555.37	\$547.31	\$514.47	\$456.19	\$430.93	\$419.34	\$498.61	\$608.73	\$772.41
58		\$829.53	\$793.90	\$756.70	\$744.11	\$689.53	\$672.38	\$633.79	\$614.99	\$577.04	\$568.66	\$534.54	\$473.99	\$447.74	\$435.70	\$518.06	\$632.48	\$802.55
59		\$861.96	\$824.94	\$786.28	\$773.20	\$716.49	\$698.67	\$658.57	\$639.03	\$599.60	\$590.89	\$555.44	\$492.52	\$465.25	\$452.74	\$538.32	\$657.20	\$833.92
60		\$895.67	\$857.20	\$817.03	\$803.44	\$744.51	\$727.99	\$684.32	\$664.03	\$623.05	\$614.00	\$577.16	\$511.78	\$484.44	\$470.44	\$559.37	\$682.91	\$866.54
61		\$930.66	\$890.69	\$848.94	\$834.83	\$773.60	\$754.35	\$711.06	\$689.97	\$647.39	\$637.98	\$599.70	\$531.77	\$502.32	\$488.82	\$581.22	\$709.58	\$900.39
62		\$930.66	\$890.69	\$848.94	\$834.83	\$773.60	\$754.35	\$711.06	\$689.97	\$647.39	\$637.98	\$599.70	\$531.77	\$502.32	\$488.82	\$581.22	\$709.58	\$900.39
63		\$930.66	\$890.69	\$848.94	\$834.83	\$773.60	\$754.35	\$711.06	\$689.97	\$647.39	\$637.98	\$599.70	\$531.77	\$502.32	\$488.82	\$581.22	\$709.58	\$900.39
64+		\$930.66	\$890.69	\$848.94	\$834.83	\$773.60	\$754.35	\$711.06	\$689.97	\$647.39	\$637.98	\$599.70	\$531.77	\$502.32	\$488.82	\$581.22	\$709.58	\$900.39

Rates effective January 1, 2017
District of Columbia Small Group Exchange
Appendix I-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$293.02	\$280.44	\$267.30	\$262.85	\$243.57	\$237.51
21	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
22	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
23	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
24	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
25	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
26	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
27	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
28	\$333.35	\$319.03	\$304.08	\$299.02	\$277.09	\$270.20
29	\$340.52	\$325.89	\$310.62	\$305.45	\$283.05	\$276.01
30	\$349.03	\$334.04	\$318.38	\$313.09	\$290.13	\$282.91
31	\$357.99	\$342.62	\$326.56	\$321.13	\$297.57	\$290.17
32	\$366.05	\$350.33	\$333.92	\$328.36	\$304.28	\$296.71
33	\$374.57	\$358.48	\$341.68	\$336.00	\$311.35	\$303.61
34	\$383.53	\$367.06	\$349.86	\$344.04	\$318.80	\$310.87
35	\$392.49	\$375.63	\$358.03	\$352.07	\$326.25	\$318.14
36	\$401.45	\$384.21	\$366.20	\$360.11	\$333.70	\$325.40
37	\$410.41	\$392.79	\$374.38	\$368.15	\$341.15	\$332.66
38	\$415.34	\$397.50	\$378.87	\$372.57	\$345.25	\$336.66
39	\$420.27	\$402.22	\$383.37	\$376.99	\$349.34	\$340.65
40	\$436.85	\$418.08	\$398.49	\$391.86	\$363.12	\$354.09
41	\$453.87	\$434.38	\$414.02	\$407.14	\$377.27	\$367.89
42	\$471.79	\$451.53	\$430.37	\$423.21	\$392.17	\$382.42
43	\$490.16	\$469.11	\$447.13	\$439.69	\$407.44	\$397.31
44	\$509.43	\$487.55	\$464.70	\$456.97	\$423.46	\$412.92
45	\$529.14	\$506.42	\$482.69	\$474.66	\$439.84	\$428.90
46	\$549.75	\$526.14	\$501.49	\$493.15	\$456.98	\$445.61
47	\$571.26	\$546.73	\$521.10	\$512.44	\$474.85	\$463.04
48	\$593.66	\$568.17	\$541.54	\$532.53	\$493.47	\$481.20
49	\$616.96	\$590.46	\$562.79	\$553.43	\$512.84	\$500.08
50	\$641.15	\$613.62	\$584.86	\$575.14	\$532.95	\$519.69
51	\$666.25	\$637.63	\$607.75	\$597.64	\$553.81	\$540.03
52	\$692.23	\$662.50	\$631.46	\$620.95	\$575.41	\$561.09
53	\$719.11	\$688.23	\$655.98	\$645.07	\$597.75	\$582.88
54	\$747.34	\$715.25	\$681.73	\$670.39	\$621.22	\$605.76
55	\$776.46	\$743.12	\$708.29	\$696.51	\$645.43	\$629.37
56	\$806.93	\$772.28	\$736.09	\$723.84	\$670.75	\$654.07
57	\$838.30	\$802.29	\$764.70	\$751.98	\$696.82	\$679.49
58	\$871.00	\$833.60	\$794.53	\$781.32	\$724.01	\$706.00
59	\$905.05	\$866.19	\$825.59	\$811.86	\$752.31	\$733.60
60	\$940.45	\$900.06	\$857.88	\$843.61	\$781.74	\$762.29
61	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
62	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
63	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
64+	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06

	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
	PC DC Gold 02/30Data/Ped Dest	PC DC Platinum 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest
20 and Under	\$281.74	\$269.25	\$256.63	\$252.36	\$233.85	\$228.03	\$214.95	\$208.58	\$195.70	\$192.86	\$181.29	\$160.75	\$151.85	\$147.77	\$175.70	\$214.55	\$272.18
21	\$312.74	\$299.31	\$289.31	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
22	\$312.74	\$299.31	\$289.31	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
23	\$312.74	\$299.31	\$289.31	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
24	\$312.74	\$299.31	\$289.31	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
25	\$312.74	\$299.31	\$289.31	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
26	\$312.74	\$299.31	\$289.31	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
27	\$312.74	\$299.31	\$289.31	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
28	\$320.04	\$306.30	\$291.95	\$287.09	\$266.04	\$259.42	\$244.53	\$237.28	\$222.63	\$219.40	\$206.24	\$182.87	\$172.75	\$168.10	\$199.88	\$244.02	\$309.64
29	\$326.93	\$312.89	\$298.23	\$293.27	\$271.76	\$264.99	\$249.79	\$242.38	\$227.42	\$224.12	\$210.67	\$186.80	\$176.46	\$171.72	\$204.26	\$249.26	\$316.29
30	\$335.10	\$320.71	\$305.68	\$300.60	\$278.55	\$271.62	\$256.03	\$248.44	\$233.10	\$229.72	\$215.94	\$191.48	\$180.87	\$176.02	\$209.28	\$255.50	\$324.21
31	\$343.70	\$329.31	\$313.53	\$308.32	\$286.70	\$279.65	\$263.96	\$256.33	\$241.09	\$237.62	\$223.48	\$198.52	\$187.48	\$182.66	\$216.66	\$262.06	\$332.52
32	\$351.45	\$336.36	\$320.59	\$315.27	\$292.14	\$284.87	\$268.52	\$260.56	\$244.48	\$240.93	\$226.81	\$199.70	\$189.27	\$184.59	\$229.49	\$267.97	\$340.01
33	\$359.62	\$344.18	\$328.05	\$322.59	\$298.93	\$291.49	\$274.77	\$266.61	\$250.16	\$246.53	\$231.74	\$205.48	\$194.11	\$188.89	\$224.60	\$274.20	\$347.93
34	\$368.22	\$352.41	\$335.90	\$330.31	\$306.08	\$298.47	\$281.34	\$273.00	\$256.15	\$252.43	\$237.29	\$210.40	\$198.75	\$193.41	\$229.97	\$280.76	\$356.24
35	\$376.83	\$360.65	\$343.74	\$338.03	\$313.24	\$303.45	\$287.92	\$279.38	\$262.13	\$258.33	\$242.82	\$215.32	\$203.40	\$197.93	\$235.34	\$287.32	\$364.57
36	\$385.43	\$368.88	\$351.60	\$345.74	\$320.39	\$311.24	\$294.49	\$285.75	\$268.12	\$264.22	\$248.37	\$220.23	\$208.04	\$202.45	\$240.72	\$293.87	\$372.90
37	\$394.04	\$377.17	\$359.44	\$353.46	\$327.83	\$318.13	\$301.36	\$292.13	\$274.13	\$270.12	\$254.68	\$227.15	\$215.08	\$208.99	\$248.12	\$300.81	\$381.22
38	\$398.77	\$381.64	\$363.76	\$357.71	\$331.48	\$323.23	\$304.67	\$295.64									

Rates effective April 1, 2017
District of Columbia Small Group Exchange
Appendix II-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$295.40	\$282.71	\$269.47	\$264.98	\$245.54	\$239.44
21	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
22	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
23	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
24	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
25	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
26	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
27	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
28	\$336.05	\$321.62	\$306.55	\$301.44	\$279.34	\$272.39
29	\$343.28	\$328.53	\$313.14	\$307.93	\$285.34	\$278.25
30	\$351.86	\$336.75	\$320.96	\$315.63	\$292.48	\$285.20
31	\$360.89	\$345.40	\$329.21	\$323.73	\$299.98	\$292.52
32	\$369.02	\$353.17	\$336.63	\$331.02	\$306.75	\$299.12
33	\$377.61	\$361.39	\$344.45	\$338.72	\$313.87	\$306.07
34	\$386.64	\$370.04	\$352.70	\$346.83	\$321.38	\$313.39
35	\$395.67	\$378.68	\$360.93	\$354.92	\$328.90	\$320.72
36	\$404.70	\$387.32	\$369.17	\$363.03	\$336.41	\$328.04
37	\$413.74	\$395.97	\$377.42	\$371.13	\$343.92	\$335.36
38	\$418.71	\$400.72	\$381.94	\$375.59	\$348.05	\$339.39
39	\$423.68	\$405.48	\$386.48	\$380.05	\$352.17	\$343.41
40	\$440.39	\$421.47	\$401.72	\$395.04	\$366.06	\$356.96
41	\$457.55	\$437.90	\$417.38	\$410.44	\$380.33	\$370.87
42	\$475.61	\$455.19	\$433.86	\$426.64	\$395.35	\$385.52
43	\$494.13	\$472.91	\$450.76	\$443.25	\$410.74	\$400.53
44	\$513.56	\$491.50	\$468.47	\$460.67	\$426.89	\$416.27
45	\$533.43	\$510.53	\$486.60	\$478.51	\$443.41	\$432.38
46	\$554.21	\$530.41	\$505.56	\$497.15	\$460.68	\$449.22
47	\$575.89	\$551.16	\$525.32	\$516.59	\$478.70	\$466.79
48	\$598.47	\$572.78	\$545.93	\$536.85	\$497.47	\$485.10
49	\$621.96	\$595.25	\$567.35	\$557.92	\$517.00	\$504.13
50	\$646.35	\$618.59	\$589.60	\$579.80	\$537.27	\$523.90
51	\$671.65	\$642.80	\$612.68	\$602.49	\$558.30	\$544.41
52	\$697.84	\$667.87	\$636.58	\$625.98	\$580.08	\$565.64
53	\$724.94	\$693.81	\$661.30	\$650.30	\$602.60	\$587.61
54	\$753.40	\$721.05	\$687.26	\$675.83	\$626.26	\$610.67
55	\$782.76	\$749.14	\$714.03	\$702.16	\$650.66	\$634.47
56	\$813.47	\$778.54	\$742.06	\$729.71	\$676.19	\$659.37
57	\$845.10	\$808.79	\$770.90	\$758.08	\$702.47	\$685.00
58	\$878.06	\$840.36	\$800.97	\$787.65	\$729.88	\$711.72
59	\$912.39	\$873.21	\$832.28	\$818.44	\$758.41	\$739.55
60	\$948.07	\$907.36	\$864.84	\$850.45	\$788.08	\$768.47
61	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
62	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
63	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
64+	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2017
District of Columbia Small Group Exchange
Appendix III-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
Age	DC Platinum 60/80/Dental/Ped Den	DC Platinum 60/80/Dental/Ped Den	KP DC Gold 100/80/Dental/Ped Dental	DC Gold 100/80/Dental/Ped Den	DC Gold 100/80/Dental/Ped Den	DC Gold 100/80/Dental/Ped Den	KP DC Gold 100/80/Dental/Ped Dental	DC Silver 135/80/Dental/Ped Den	DC Silver 135/80/Dental/Ped Den	KP DC Silver 225/80/Dental/Ped Dental	KP DC Silver 250/80/Dental/Ped Den	DC Bronze 525/80/Dental/Ped Den	DC Bronze 575/80/Dental/Ped Den	DC Bronze 625/80/Dental/Ped Den	DC Bronze 675/80/Dental/Ped Den	KP DC Silver 225/80/Dental/Ped Dental	KP DC Gold 100/80/Dental/Ped Dental
20 and Under	\$283.61	\$271.43	\$258.71	\$251.41	\$235.75	\$229.88	\$216.69	\$210.27	\$197.29	\$194.42	\$182.76	\$162.06	\$153.08	\$148.97	\$177.13	\$216.24	\$274.39
21	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$196.89	\$240.38	\$305.02
22	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$196.89	\$240.38	\$305.02
23	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$196.89	\$240.38	\$305.02
24	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$196.89	\$240.38	\$305.02
25	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$196.89	\$240.38	\$305.02
26	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$196.89	\$240.38	\$305.02
27	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$196.89	\$240.38	\$305.02
28	\$322.64	\$308.79	\$294.31	\$289.42	\$268.20	\$261.52	\$246.51	\$239.20	\$224.44	\$221.18	\$207.91	\$184.35	\$174.15	\$169.46	\$201.50	\$246.00	\$312.15
29	\$329.58	\$315.42	\$300.65	\$295.65	\$273.96	\$267.14	\$251.81	\$244.34	\$229.26	\$225.94	\$212.38	\$188.32	\$177.89	\$173.11	\$205.83	\$251.29	\$318.86
30	\$337.82	\$323.31	\$308.16	\$303.03	\$280.81	\$273.83	\$258.10	\$250.45	\$234.99	\$231.58	\$217.69	\$193.03	\$182.34	\$177.44	\$210.98	\$257.58	\$326.84
31	\$346.49	\$331.61	\$316.07	\$310.82	\$288.01	\$280.85	\$264.73	\$256.89	\$241.03	\$237.54	\$222.38	\$197.98	\$187.03	\$182.00	\$216.40	\$264.18	\$335.22
32	\$354.30	\$339.08	\$323.19	\$317.82	\$294.51	\$287.18	\$270.70	\$262.67	\$246.46	\$242.88	\$228.31	\$199.23	\$186.09	\$181.23	\$221.26	\$270.14	\$342.77
33	\$362.54	\$346.97	\$330.71	\$325.21	\$301.36	\$293.86	\$277.00	\$268.78	\$252.19	\$248.53	\$233.62	\$207.15	\$195.68	\$190.42	\$226.42	\$276.42	\$350.75
34	\$371.21	\$355.27	\$338.62	\$332.98	\$308.56	\$300.89	\$283.62	\$275.21	\$258.23	\$254.48	\$239.21	\$212.11	\$200.36	\$194.97	\$231.83	\$283.03	\$359.13
35	\$379.89	\$363.57	\$346.53	\$340.77	\$315.78	\$307.92	\$290.25	\$281.64	\$264.25	\$260.42	\$244.79	\$217.07	\$205.04	\$199.54	\$237.25	\$289.65	\$367.53
36	\$388.55	\$371.87	\$354.45	\$348.54	\$322.98	\$314.95	\$296.88	\$288.06	\$270.29	\$266.37	\$250.38	\$222.02	\$209.73	\$204.09	\$242.67	\$296.26	\$375.92
37	\$397.23	\$380.17	\$362.35	\$356.13	\$330.19	\$321.98	\$303.50	\$294.50	\$276.33	\$272.31	\$255.97	\$226.98	\$214.40	\$208.64	\$248.08	\$302.87	\$384.31
38	\$402.00	\$384.73	\$366.70	\$360.61	\$334.16	\$325.85	\$307.14	\$298.03	\$279.64	\$275.58	\$259.05	\$229.70	\$216.99	\$211.15	\$251.06	\$306.51	\$388.93
39	\$406.77	\$389.31	\$371.05	\$364.89	\$338.13	\$331.79	\$310.79	\$301.57	\$282.96	\$278.86	\$262.12	\$232.42	\$219.56	\$213.65	\$254.04	\$310.15	\$393.54
40	\$422.81	\$404.66	\$385.70	\$379.28	\$351.46	\$342.72	\$323.05	\$313.46	\$294.12	\$289.85	\$272.46	\$241.60	\$228.22	\$222.08	\$264.06	\$322.37	\$409.06
41	\$439.30	\$420.43	\$400.73	\$394.06	\$365.16	\$356.07	\$335.64	\$325.69	\$305.59	\$301.14	\$283.08	\$251.01	\$237.11	\$230.74	\$274.36	\$334.95	\$425.01
42	\$456.65	\$437.03	\$416.55	\$409.62	\$379.58	\$370.14	\$348.89	\$338.54	\$317.65	\$313.04	\$294.25	\$266.92	\$250.85	\$245.19	\$285.19	\$348.17	\$441.79
43	\$474.42	\$454.04	\$432.77	\$425.57	\$394.36	\$384.55	\$362.48	\$351.72	\$330.02	\$325.23	\$305.72	\$271.08	\$256.07	\$249.19	\$296.29	\$361.72	\$458.99
44	\$493.07	\$471.89	\$449.78	\$442.30	\$409.86	\$399.66	\$376.72	\$365.55	\$342.99	\$338.01	\$317.73	\$281.73	\$266.13	\$258.98	\$307.93	\$375.94	\$477.03
45	\$512.15	\$490.15	\$467.18	\$459.42	\$425.72	\$415.13	\$391.30	\$379.69	\$356.27	\$351.09	\$330.03	\$292.64	\$276.44	\$269.01	\$319.85	\$390.50	\$495.50
46	\$532.09	\$509.25	\$485.39	\$477.31	\$442.30	\$431.30	\$406.54	\$394.49	\$370.14	\$364.76	\$342.88	\$304.04	\$287.20	\$279.49	\$332.31	\$405.70	\$514.80
47	\$552.92	\$529.17	\$504.37	\$495.99	\$459.60	\$448.17	\$422.45	\$409.92	\$384.62	\$379.04	\$356.30	\$315.93	\$298.44	\$290.41	\$345.31	\$421.57	\$534.93
48	\$574.59	\$549.92	\$524.15	\$515.43	\$477.62	\$465.74	\$439.01	\$425.99	\$399.70	\$393.90	\$370.27	\$328.32	\$310.14	\$301.80	\$358.85	\$438.11	\$555.91
49	\$597.15	\$571.51	\$544.72	\$535.66	\$496.37	\$484.02	\$456.25	\$442.71	\$415.39	\$409.36	\$384.80	\$342.21	\$322.31	\$313.64	\$372.93	\$455.29	\$577.72
50	\$620.56	\$593.91	\$566.08	\$556.67	\$515.83	\$503.01	\$474.14	\$460.07	\$431.69	\$425.41	\$399.89	\$354.59	\$334.96	\$325.95	\$387.56	\$473.15	\$600.38
51	\$644.85	\$617.16	\$588.23	\$578.45	\$536.03	\$522.69	\$492.69	\$478.08	\$448.58	\$442.06	\$415.54	\$368.46	\$348.07	\$338.71	\$402.73	\$491.67	\$623.87
52	\$670.00	\$641.23	\$611.18	\$601.01	\$556.93	\$543.08	\$511.91	\$496.73	\$466.08	\$459.31	\$431.75	\$382.83	\$361.63	\$351.92	\$418.43	\$510.84	\$648.21
53	\$696.02	\$666.13	\$634.91	\$624.35	\$578.56	\$564.17	\$531.79	\$516.02	\$484.18	\$477.14	\$448.52	\$397.70	\$375.68	\$365.59	\$434.68	\$530.68	\$673.39
54	\$723.34	\$692.28	\$659.83	\$648.86	\$601.27	\$586.31	\$552.66	\$536.27	\$503.18	\$495.87	\$466.12	\$413.31	\$390.42	\$379.94	\$443.75	\$551.52	\$699.81
55	\$751.53	\$719.25	\$685.55	\$674.15	\$624.70	\$609.16	\$574.20	\$557.17	\$522.78	\$515.19	\$484.29	\$429.42	\$405.64	\$394.73	\$469.35	\$573.01	\$727.09
56	\$781.02	\$747.47	\$712.44	\$700.59	\$649.21	\$633.06	\$596.73	\$579.03	\$543.29	\$535.41	\$503.28	\$446.27	\$421.56	\$410.22	\$487.76	\$595.49	\$755.61
57	\$811.38	\$776.53	\$740.14	\$727.83	\$674.44	\$657.67	\$619.92	\$601.54	\$564.41	\$556.22	\$522.85	\$463.62	\$437.95	\$426.17	\$506.73	\$618.64	\$784.99
58	\$843.04	\$806.83	\$769.02	\$756.22	\$683.33	\$667.92	\$624.11	\$605.00	\$568.43	\$557.92	\$524.24	\$461.71	\$435.03	\$422.79	\$526.49	\$642.78	\$815.62
59	\$875.99	\$838.37	\$799.08	\$785.79	\$728.15	\$710.04	\$669.29	\$649.43	\$609.36	\$600.51	\$564.48	\$497.08	\$460.11	\$447.50	\$567.90	\$677.50	\$847.50
60	\$910.25	\$871.16	\$830.33	\$816.52	\$756.63	\$737.81	\$695.46	\$674.84	\$633.19	\$624.00	\$586.56	\$520.11	\$491.31	\$478.10	\$598.48	\$704.03	\$880.65
61	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05
62	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05
63	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05
64+	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05

Rates effective July 1, 2017
District of Columbia Small Group Exchange
Appendix III-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$297.79	\$285.01	\$271.65	\$267.13	\$247.54	\$241.38
21	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
22	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
23	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
24	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
25	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
26	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
27	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
28	\$338.78	\$324.22	\$309.03	\$303.89	\$281.60	\$274.60
29	\$346.06	\$331.20	\$315.68	\$310.42	\$287.66	\$280.50
30	\$354.71	\$339.48	\$323.56	\$318.19	\$294.85	\$287.52
31	\$363.82	\$348.20	\$331.88	\$326.36	\$302.41	\$294.89
32	\$372.01	\$356.03	\$339.36	\$333.71	\$309.23	\$301.54
33	\$380.67	\$364.32	\$347.24	\$341.47	\$316.42	\$308.55
34	\$389.77	\$373.04	\$355.56	\$349.64	\$323.99	\$315.93
35	\$398.88	\$381.75	\$363.86	\$357.80	\$331.56	\$323.32
36	\$407.99	\$390.47	\$372.16	\$365.97	\$339.13	\$330.70
37	\$417.09	\$399.18	\$380.48	\$374.14	\$346.70	\$338.08
38	\$422.10	\$403.97	\$385.04	\$378.64	\$350.87	\$342.14
39	\$427.11	\$408.77	\$389.61	\$383.13	\$355.03	\$346.20
40	\$443.96	\$424.89	\$404.98	\$398.24	\$369.03	\$359.85
41	\$461.26	\$441.45	\$420.76	\$413.77	\$383.41	\$373.88
42	\$479.47	\$458.88	\$437.38	\$430.10	\$398.55	\$388.65
43	\$498.14	\$476.75	\$454.41	\$446.85	\$414.07	\$403.78
44	\$517.72	\$495.49	\$472.27	\$464.41	\$430.35	\$419.64
45	\$537.75	\$514.66	\$490.55	\$482.39	\$447.00	\$435.88
46	\$558.70	\$534.71	\$509.65	\$501.18	\$464.42	\$452.86
47	\$580.56	\$555.63	\$529.58	\$520.78	\$482.58	\$470.58
48	\$603.33	\$577.42	\$550.36	\$541.20	\$501.50	\$489.03
49	\$627.00	\$600.07	\$571.95	\$562.44	\$521.19	\$508.22
50	\$651.59	\$623.61	\$594.38	\$584.50	\$541.63	\$528.15
51	\$677.10	\$648.01	\$617.64	\$607.37	\$562.83	\$548.82
52	\$703.50	\$673.29	\$641.74	\$631.06	\$584.78	\$570.22
53	\$730.82	\$699.43	\$666.66	\$655.57	\$607.48	\$592.37
54	\$759.51	\$726.89	\$692.83	\$681.30	\$631.33	\$615.62
55	\$789.10	\$755.22	\$719.82	\$707.85	\$655.94	\$639.62
56	\$820.07	\$784.85	\$748.07	\$735.62	\$681.67	\$664.72
57	\$851.95	\$815.35	\$777.15	\$764.22	\$708.16	\$690.55
58	\$885.18	\$847.17	\$807.47	\$794.04	\$735.80	\$717.49
59	\$919.78	\$880.29	\$839.03	\$825.08	\$764.56	\$745.54
60	\$955.76	\$914.71	\$871.85	\$857.34	\$794.47	\$774.70
61	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
62	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
63	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
64+	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2017
District of Columbia Small Group Exchange
Appendix IV-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
Age	P DC Platinum \$200/2000/Paid Dntl	P DC Platinum \$200/2000/Paid Dntl	KP DC Gold \$240/2400/Paid Dntal	DC Gold \$260/2600/Paid Dntl	P DC Gold \$280/2800/Paid Dntl	P DC Gold \$280/2800/Paid Dntl	KP DC Gold \$280/2800/Paid Dntal	P DC Silver \$300/3000/Paid Dntl	P DC Silver \$300/3000/Paid Dntl	KP DC Silver \$300/3000/Paid Dntal	KP DC Silver \$300/3000/Paid Dntal	KP DC Silver \$300/3000/Paid Dntal	P DC Bronze \$380/3800/Paid Dntal	P DC Bronze \$380/3800/Paid Dntal	P DC Bronze \$380/3800/Paid Dntal	KP DC Bronze \$380/3800/Paid Dntal	KP DC Gold \$380/3800/Paid Dntal
20 and Under	\$285.91	\$273.63	\$260.81	\$256.47	\$272.66	\$231.75	\$218.45	\$211.97	\$198.89	\$196.00	\$184.24	\$161.37	\$154.32	\$150.17	\$178.56	\$218.00	\$276.61
21	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
22	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
23	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
24	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
25	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
26	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
27	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
28	\$325.25	\$311.29	\$296.70	\$291.76	\$270.37	\$263.64	\$248.51	\$241.14	\$226.25	\$222.98	\$209.60	\$185.85	\$175.56	\$170.84	\$203.13	\$248.00	\$314.68
29	\$332.25	\$317.98	\$303.08	\$298.04	\$276.18	\$269.31	\$253.86	\$251.12	\$227.77	\$224.10	\$207.50	\$179.33	\$174.52	\$174.52	\$207.50	\$253.32	\$321.44
30	\$340.56	\$325.93	\$310.65	\$305.49	\$283.09	\$276.05	\$260.20	\$252.48	\$236.90	\$233.46	\$219.45	\$194.60	\$183.82	\$178.88	\$212.69	\$299.66	\$329.49
31	\$349.30	\$334.30	\$318.64	\$313.34	\$290.35	\$283.13	\$266.88	\$258.97	\$242.99	\$239.46	\$225.09	\$199.59	\$188.54	\$183.47	\$218.15	\$266.32	\$337.94
32	\$357.17	\$341.83	\$325.81	\$320.40	\$296.90	\$289.51	\$272.89	\$264.80	\$248.46	\$244.85	\$230.16	\$204.08	\$192.78	\$187.60	\$223.06	\$272.33	\$345.55
33	\$365.48	\$349.78	\$333.39	\$327.85	\$303.80	\$296.24	\$279.24	\$270.95	\$254.23	\$250.55	\$235.52	\$208.83	\$197.27	\$191.96	\$228.25	\$278.66	\$353.59
34	\$374.22	\$358.15	\$341.37	\$335.68	\$311.06	\$303.33	\$285.92	\$277.44	\$260.52	\$256.54	\$241.15	\$213.83	\$201.98	\$196.55	\$233.71	\$285.33	\$362.04
35	\$382.97	\$366.52	\$349.34	\$343.53	\$318.34	\$310.42	\$292.60	\$283.93	\$266.40	\$262.83	\$246.78	\$218.83	\$206.71	\$201.15	\$239.17	\$292.00	\$370.51
36	\$391.70	\$374.88	\$357.32	\$351.37	\$325.60	\$317.50	\$299.28	\$290.40	\$272.48	\$268.53	\$252.41	\$223.82	\$211.43	\$205.74	\$244.63	\$298.66	\$378.97
37	\$400.45	\$383.25	\$365.29	\$359.22	\$332.87	\$324.59	\$305.96	\$296.89	\$278.57	\$274.52	\$258.05	\$228.82	\$216.14	\$210.33	\$250.10	\$305.33	\$387.42
38	\$405.26	\$387.85	\$369.68	\$363.53	\$336.87	\$328.49	\$309.63	\$300.45	\$281.91	\$277.82	\$261.15	\$231.56	\$218.75	\$212.86	\$253.10	\$309.00	\$392.08
39	\$410.06	\$392.46	\$374.06	\$367.84	\$340.87	\$332.38	\$313.31	\$304.02	\$285.26	\$281.12	\$264.24	\$234.31	\$221.34	\$215.38	\$256.10	\$312.66	\$396.74
40	\$426.24	\$407.94	\$388.83	\$382.35	\$354.31	\$345.50	\$325.66	\$316.00	\$296.51	\$292.00	\$274.67	\$243.56	\$230.07	\$223.88	\$266.20	\$334.99	\$412.38
41	\$442.86	\$423.83	\$403.98	\$397.26	\$368.12	\$358.96	\$338.36	\$328.33	\$308.06	\$303.59	\$285.38	\$253.05	\$239.03	\$232.61	\$276.58	\$337.66	\$428.45
42	\$460.35	\$440.57	\$419.93	\$412.94	\$382.66	\$373.14	\$351.72	\$341.29	\$320.22	\$315.58	\$296.64	\$263.04	\$248.48	\$241.80	\$287.50	\$350.99	\$445.37
43	\$478.27	\$457.72	\$436.28	\$429.02	\$397.55	\$387.67	\$365.42	\$354.58	\$332.69	\$327.87	\$308.20	\$273.28	\$258.15	\$251.21	\$298.69	\$364.66	\$462.71
44	\$497.07	\$475.72	\$453.42	\$445.88	\$413.18	\$402.90	\$379.78	\$368.51	\$345.78	\$340.76	\$320.31	\$284.02	\$268.29	\$261.08	\$310.43	\$378.99	\$480.90
45	\$516.51	\$494.13	\$470.97	\$463.14	\$438.50	\$429.17	\$405.47	\$393.16	\$369.47	\$363.94	\$342.70	\$305.01	\$288.68	\$271.19	\$322.45	\$393.66	\$499.51
46	\$536.41	\$513.38	\$489.32	\$481.18	\$445.88	\$434.80	\$409.84	\$397.69	\$373.14	\$367.72	\$345.66	\$306.51	\$289.53	\$281.75	\$335.01	\$408.99	\$518.97
47	\$557.40	\$533.46	\$508.46	\$500.01	\$463.33	\$451.80	\$425.87	\$413.24	\$387.74	\$382.12	\$359.19	\$318.49	\$300.86	\$292.77	\$348.11	\$424.99	\$539.27
48	\$579.25	\$554.38	\$528.40	\$519.61	\$481.49	\$469.52	\$442.57	\$429.45	\$402.94	\$397.09	\$373.27	\$330.98	\$312.65	\$304.25	\$361.76	\$441.66	\$560.41
49	\$601.99	\$576.14	\$549.13	\$540.00	\$497.95	\$487.95	\$459.95	\$446.30	\$418.76	\$412.68	\$389.92	\$343.97	\$324.93	\$316.19	\$375.96	\$458.98	\$582.41
50	\$623.59	\$598.73	\$570.67	\$561.18	\$520.02	\$507.09	\$477.98	\$463.80	\$435.19	\$428.86	\$401.13	\$357.47	\$337.67	\$328.59	\$390.70	\$476.99	\$605.25
51	\$650.08	\$622.16	\$593.00	\$583.14	\$540.37	\$526.93	\$496.69	\$481.95	\$452.21	\$445.65	\$418.91	\$371.45	\$350.89	\$341.45	\$406.00	\$495.65	\$628.93
52	\$675.44	\$646.43	\$616.14	\$605.88	\$561.45	\$547.48	\$516.06	\$500.75	\$469.85	\$463.03	\$435.25	\$385.94	\$364.57	\$354.77	\$421.83	\$514.99	\$653.47
53	\$701.66	\$671.53	\$640.06	\$629.41	\$583.25	\$568.74	\$536.10	\$520.20	\$488.10	\$481.01	\$452.15	\$400.93	\$378.72	\$368.55	\$438.21	\$534.98	\$678.85
54	\$729.20	\$697.89	\$665.18	\$654.13	\$606.15	\$591.07	\$557.14	\$540.62	\$507.26	\$501.30	\$469.90	\$416.66	\$393.39	\$383.02	\$455.41	\$555.99	\$705.48
55	\$757.62	\$725.08	\$691.11	\$679.62	\$629.76	\$614.10	\$578.85	\$561.68	\$527.02	\$519.37	\$488.21	\$434.90	\$408.93	\$397.93	\$473.15	\$577.65	\$732.98
56	\$787.35	\$753.53	\$718.22	\$706.27	\$654.47	\$638.19	\$601.57	\$583.72	\$547.70	\$539.75	\$507.36	\$449.89	\$424.98	\$413.55	\$491.72	\$600.32	\$761.74
57	\$817.96	\$782.83	\$746.14	\$733.73	\$679.91	\$663.00	\$624.95	\$606.41	\$568.99	\$560.73	\$527.08	\$467.38	\$441.50	\$429.62	\$510.84	\$623.66	\$791.35
58	\$849.87	\$813.37	\$775.25	\$762.36	\$706.44	\$688.87	\$649.53	\$630.07	\$591.19	\$582.60	\$547.65	\$485.61	\$458.72	\$446.38	\$530.76	\$647.99	\$822.23
59	\$883.10	\$805.36	\$792.16	\$774.06	\$714.06	\$697.42	\$654.70	\$634.30	\$605.38	\$596.66	\$554.60	\$476.66	\$449.06	\$436.84	\$551.52	\$673.31	\$854.37
60	\$917.63	\$878.22	\$837.06	\$823.14	\$762.77	\$745.79	\$701.10	\$680.31	\$638.33	\$629.06	\$591.11	\$523.33	\$495.29	\$481.98	\$573.09	\$699.65	\$887.79
61	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
62	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
63	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
64+	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47

Rates effective October 1, 2017
District of Columbia Small Group Exchange
Appendix IV-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$300.20	\$287.32	\$273.85	\$269.30	\$249.54	\$243.33
21	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
22	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
23	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
24	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
25	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
26	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
27	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
28	\$341.52	\$326.85	\$311.54	\$306.35	\$283.88	\$276.83
29	\$348.87	\$333.88	\$318.24	\$312.94	\$289.99	\$282.78
30	\$357.59	\$342.23	\$326.19	\$320.77	\$297.24	\$289.85
31	\$366.77	\$351.02	\$334.57	\$329.00	\$304.87	\$297.28
32	\$375.03	\$358.92	\$342.11	\$336.41	\$311.74	\$303.99
33	\$383.75	\$367.27	\$350.06	\$344.24	\$318.98	\$311.05
34	\$392.93	\$376.06	\$358.44	\$352.48	\$326.62	\$318.49
35	\$402.11	\$384.84	\$366.81	\$360.70	\$334.25	\$325.94
36	\$411.29	\$393.63	\$375.18	\$368.94	\$341.88	\$333.38
37	\$420.47	\$402.42	\$383.56	\$377.18	\$349.51	\$340.82
38	\$425.52	\$407.25	\$388.16	\$381.71	\$353.72	\$344.91
39	\$430.57	\$412.08	\$392.77	\$386.23	\$357.91	\$349.00
40	\$447.56	\$428.33	\$408.26	\$401.47	\$372.02	\$362.77
41	\$465.00	\$445.03	\$424.17	\$417.12	\$386.52	\$376.91
42	\$483.36	\$462.60	\$440.92	\$433.59	\$401.79	\$391.80
43	\$502.18	\$480.61	\$458.09	\$450.47	\$417.43	\$407.05
44	\$521.92	\$499.50	\$476.09	\$468.17	\$433.84	\$423.04
45	\$542.11	\$518.84	\$494.53	\$486.30	\$450.62	\$439.42
46	\$563.23	\$539.04	\$513.79	\$505.24	\$468.19	\$456.54
47	\$585.27	\$560.14	\$533.88	\$525.00	\$486.49	\$474.39
48	\$608.22	\$582.10	\$554.82	\$545.59	\$505.57	\$493.00
49	\$632.09	\$604.94	\$576.59	\$567.00	\$525.41	\$512.34
50	\$656.87	\$628.67	\$599.20	\$589.24	\$546.02	\$532.43
51	\$682.59	\$653.26	\$622.65	\$612.29	\$567.39	\$553.27
52	\$709.20	\$678.74	\$646.94	\$636.18	\$589.52	\$574.85
53	\$736.74	\$705.11	\$672.06	\$660.89	\$612.41	\$597.17
54	\$765.66	\$732.79	\$698.45	\$686.83	\$636.45	\$620.61
55	\$795.50	\$761.34	\$725.66	\$713.59	\$661.26	\$644.80
56	\$826.72	\$791.22	\$754.14	\$741.59	\$687.20	\$670.11
57	\$858.85	\$821.96	\$783.45	\$770.42	\$713.91	\$696.15
58	\$892.36	\$854.04	\$814.01	\$800.48	\$741.76	\$723.31
59	\$927.24	\$887.43	\$845.83	\$831.77	\$770.76	\$751.59
60	\$963.51	\$922.13	\$878.91	\$864.30	\$800.91	\$780.98
61	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
62	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
63	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
64+	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia
2017 Small Group Rate Filing
HIOS Issuer ID 94506

HIOS Product ID 94506DC035, 94506DC036

Form Numbers DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-17)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-17)HIX, DC-SG-BRONZE-5250-50-DENTAL-DHMO-COST(01-17)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-17)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-16)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-1350-30-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-2250-30-DENTAL-DHMO-COST(01-17)HIX, DC-SG-SILVER-2500-30-20%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-SILVER-1500-30-25%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1350-0%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-BRONZE-5750-50-40%-HSA-DENTAL-HDHP-COST(01-17)HIX, DC-SG-GOLD-1000-30-POS-DENTAL-COST(01-17)HIX, DC-SG-SILVER-2250-30-POS-DENTAL-COST(01-17)HIX, DC-SG-BRONZE-5250-50-POS-DENTAL-COST(01-17)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-17)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-17)HIX, DC-SG-BRONZE-5250-50-DENTAL-DHMO-RX(01-17)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-17)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-17)HIX, DC- DC-SG-SILVER-2250-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-SILVER-1350-30-DENTAL-DHMO-RX(01-17)HIX, DC-SG-BRONZE-5750-50-40%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-GOLD-1350-0%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-SILVER-1500-30-25%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-SILVER-2500-30-20%-HSA-DENTAL-HDHP-RX(01-17)HIX, DC-SG-BRONZE-5250-50-POS-DENTAL-RX(01-17)HIX, DC-SG-GOLD-1000-30-POS-DENTAL-RX(01-17)HIX, DC-SG-SILVER-2250-30-POS-DENTAL-RX(01-17)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2017. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2017 Carrier Reference Manual* (April 2016, Version 1). It is not intended for any other purpose.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered products that existed prior to March 23, 2010.

KFHP is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans. For purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2016 to 2017 is 9.3%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2017 to the 2016 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2017/2016
Based Period Experience	0.964
Base Period Utilization Copay	1.014
Pricing Trend	0.996
Morbidity Adjustment	1.022
Risk Adjustment Recoveries	1.110
3 Child Factor	1.000
Reinsurance Recoveries	1.000
Reinsurance Premium	0.993
Average Age Impact	1.003
Additional EHB	0.994
Exchange Fee	1.000
Fixed Cost Adjustment	1.000
Total Market Adjusted Index Rate Change	109.3%

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2017 for the new ACA plans is developed by accumulating medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Child-Only, Conversion, Dues Subsidy, ACA plans and Small Group lines of business incurred in 2015 including the incurred but not reported (IBNR) estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2017. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as incurred plus member cost sharing.

Capitations:

KFHP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.18 PMPM to cover adult preventative. The \$1.18 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 9.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal fixed costs, which are allocated and lag in reporting is immaterial.

The completion factors used to complete the base period external claims are taken from KFHP's overall commercial line of business by type of service. The claims are incurred in 2015 and paid through 1/31/2016.

Premium:

Premium was captured for calendar year 2015 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity

Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from row (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2017 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Also included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2017 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 9 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$7,008.76.

Risk Adjustment

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

Assumptions are documented regarding the current relative morbidity of KFHP’s population along with the expected morbidity of the future market relative to KFHP. Growth assumptions for the market as a whole and KFHP specifically are used to calculate KFHP’s 2017 expected relative morbidity to the market. This value is used to determine the expected risk adjustment impact to the market adjusted index rate.

Reinsurance

The reinsurance contribution for the Federal Reinsurance Program is included in the rate build up and shown as a factor in Exhibit 1, line (19).

Reinsurance is a temporary ACA program. As proposed in the 2017 payment notice, the reinsurance program will end with the 2016 benefit year. Reinsurance only affects the rates in the base period (2015), not the rates in the projected period (2017).

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Quarterly Rate Factors

Exhibit 11 contains the quarterly rate factors that will be applied to base rates for 2nd, 3rd and 4th 2017 effective dates. These adjustments are based on an annual trend of 3.3%. Kaiser reserves the right to amend this filing with new quarterly factors based on emerging experience and other subsequent events.

In order for the Index Rate in the Projection Period in Wk1 Section III of the URRT to reflect the average quarterly rate, a weighted average trend adjustment based on the assumed distribution of renewals throughout the year has been development.

	Q1	Q2	Q3	Q4	
Members	2,063	459	572	1,331	
Trend	3.3%	3.3%	3.3%	3.3%	Proj Index Adj
Months	24	27	30	33	for Small Group
	1.068	1.077	1.085	1.094	1.008

Profit and Risk Margin

As mentioned above, the capital contribution of -2.60%, shown in Exhibit 8, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare.

Taxes and Fees

Administrative expense has been adjusted to reflect the PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017.. The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 18.0%, which includes a -2.6% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 84.0%. The MLR would be expected to be higher due to the required adjustments to both claims and premium in the prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. Because of the lack of credible emerging experience as well as the uncertainty of the increasing mandate in 2017, we have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2017 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2015 to 2017, our projected total internal annualized medical expense trend for Small Group is 3.3% and is shown in Exhibit 6 of our filing.

Alternative AV Calculations

The AV calculator does not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). KFHP requested from a major actuarial consulting firm the national average allowed amount for outpatient facility costs in 2015. We have updated the national average allowed amount for the 2017 rate filing. To determine AVs for plans outpatient facility copays, we propose an OP Copay Converter to be used with the AV calculator. To create this converter, we compared the copay amount to the estimated average national OP facility allowed amount to calculate the implied coinsurance % for OP procedures. This coinsurance should only be applied to the OP facility cost and not the OP professional cost, which should be covered at 100%.

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 9 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 9 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

Network Adjustment

KFHP provides services to its members in its Signature network in its medical offices and externally with contracted providers. KFHP offers an expanded network of contracted non-KFHP physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings. For the POS plans, the factor is 1.04, reflecting steerage of 80% for Tier 1.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's business plan. Detailed assumptions are presented and documented in Exhibit 7.1-7.3.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Terminated Plans:

The following non-grandfathered plans are included in the "Terminate Plans" column in Worksheet 2 of the URRT.

DC Added Choice POS Plan 1 (\$5/\$10)
DC Added Choice POS Plan 2 (\$15/\$25)
DC DHMO Plan 1 (\$10/\$20/\$250 Ded - 90%)
DC DHMO Plan 2 (\$15/\$25/\$500 Ded - 90%)
DC DHMO Plan 3 (\$25/\$35/\$2,000 Ded - 80%)
DC DHMO Plan 4 (\$25/\$35/\$1000 Ded - 80%)
DC Flex Choice Plan 1 (100/90/70 - \$10-\$20 OV)

DC Flex Choice Plan 2 (100/80/60 - \$15-\$25 OV)
 DC Flex Choice Plan 3 (100/70/50 - \$25-\$35 OV)
 DC Flex Choice Plan 4 (100/80/60 - \$10-\$25 OV)
 DC HDHP Plan 1 (\$1,250 Ded – 80%)
 DC HDHP Plan 2 (\$1,750 Ded – 70%)
 DC HDHP Plan 3 (\$2,250 Ded – 70%)
 DC HDHP Plan 4 (\$1,250 Ded - 100%)
 DC HDHP Plan 5 (\$2,250 Ded - 100%)
 DC HDHP Plan 8 (\$2,800 Ded - 100%)
 DC HMO Plan 1 (\$5/\$10/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 2 (\$10/\$20/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 3 (\$15/\$25/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 4 (\$15/\$30/\$500 IP/\$0 Rx Ded)
 DC HMO Plan 5 (\$20/\$30/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 6 (\$20/\$40/20% IP/\$0 Rx Ded)
 DC HMO Plan 7 (\$10/\$10/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 8 (\$20/\$20/\$500 IP/\$0 Rx Ded)

Warning Alert:

There are no warning alerts in Wk2 of the URRT

Summary Rate Calculation

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 9. The final 2017 Consumer Adjusted Premium Rates are developed by applying the age slope, contract limit of 3 children factor, and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 –Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustments
- Exhibit 5 – Demographic Adjustment
- Exhibit 6 – Trend Factor
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual
- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – Administrative Expense
- Exhibit 9 – Plan Adjusted Index Rates Development
- Exhibit 10 – AV Calculator Values
- Exhibit 11 – Quarterly Rate Factors
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I-A - 1st Quarter 2017 Signature Network Rate Sheet
- Appendix I-B - 1st Quarter 2017 Select Network Rate Sheet
- Appendix II-A - 2nd Quarter 2017 Signature Network Rate Sheet
- Appendix II-B - 2nd Quarter 2017 Select Network Rate Sheet
- Appendix III-A - 3rd Quarter 2017 Signature Network Rate Sheet

- Appendix III-B - 3rd Quarter 2017 Select Network Rate Sheet
- Appendix IV-A - 4th Quarter 2017 Signature Network Rate Sheet
- Appendix IV-B - 4th Quarter 2017 Select Network Rate Sheet

Certification

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. To the best of my knowledge, the rating methodologies of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the development of the Index Rate comply with the applicable District and Federal Statutes and Regulations (45 CFR 156.80(d)(1)). The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on sound and commonly accepted actuarial principles and are neither excessive nor deficient.

A handwritten signature in black ink, appearing to read 'John Xu', with a stylized, cursive script.

John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
4/29/2016

Index Rate Development
Summary Index Rate Calculation
Exhibit 1

				<u>Source</u>
(1)	Base Period Allowed	\$310.99	Exhibit 2	
(2)	Non-EHB Claims Adjustment	0.981	Exhibit 3	
(3)	Experience Period Index Rate	\$305.15	(1) * (2)	
(4)	Product/Network Adjustment	1.000		
(5)	Adjusted Base Period Allowed	\$305.15	(1) * (2)	
(6)	Base Period Utilization Adjustment	1.111	Exhibit 4	
(7)	Projection Period Utilization Adjustment	0.897		
(8)	Demographic Adjustment	1.000	Exhibit 5	
(9)	Product/Network Moribidity Adjustment	1.000		
(10)	Additional EHB (including Ped Dental)	1.000	Exhibit 14	
(10)	Annualized Trend	3.3%	Exhibit 6	
(11)	Months of Trend	24		
(12)	Trend Factor	1.067	$\{1 + (10)\} ^ \{ (11) / 12 \}$	
(14)	Change in Morbidity	1.014	Exhibit 7	
(15)	Contract Limit of 3 Children Factor	1.000		
(16)	Combined Projection Period Index Rate Prior to Separate Modifiers	\$328.95	(5) * (6) * (7) * (8) * (9) * (10) * (12) * (13) * (14) * (15)	
(17)	Risk Adjustment	1.111	Exhibit 7	
(18)	Exchange fee	1.000		
(19)	Reinsurance Premium	1.000		
(20)	Market Adjusted Index Rate	\$365.33	(16) * (17) * (18) * (19)	

Allowed Claims Development
Exhibit 2

Current Pool	Current Plans	Member Months	Total
Individual	All	27,718	\$328.35
Small Group	All	47,824	\$300.93
Grand Total		75,542	\$310.99

Non-EHB Adjustments
Exhibit 3

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	27,718	\$6.10
Small Group	All	47,824	\$5.69
Grand Total		75,542	\$5.84

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.9812
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Utilization Copayment Effect Adjustment
Exhibit 4

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	27,718	\$328.35	0.884
Small Group	All	47,824	\$300.93	0.910
Grand Total		75,542	\$310.99	0.900

Adjustment Factor is the Inverse of the Total	1.111
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**Demographic Adjustment
Exhibit 5**

		Member Months	Average Age Factor ¹	Weighed Average Age ²
Experience Period	Individual	27718	1.0850	42.8
	Small Group	47824	1.0178	41.1
	Combined	75542	1.0425	41.7
Projection Period	Individual	30238	1.0850	42.8
	Small Group	53104	1.0178	41.1
	Combined	83342	1.0422	41.7
Demographic Factor			0.9997	

¹ Average age factor based on CMS Age curve

² Weighted Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Exhibit 6
Trend Calculation

Category	Weight	2015 to 2017 Annualized Trend
Inpatient Hospital	20.2%	3.0%
Outpatient Hospital	11.0%	6.4%
Professional	46.2%	1.5%
Other	2.3%	3.5%
Prescription Drug	20.0%	5.9%
Capitation	0.4%	0.9%
Composite	100.0%	3.3%

Risk Adjustment and Morbidity Development
Exhibit 7.1

Development of Risk Adjustment Factor Applied to Index Rate

	<u>Small</u>	<u>Individual</u>	<u>Total</u>
Average Members	4,425	2,520	6,945
Adjustment for change in risk in Kaiser membership	101.2%	101.6%	101.35%
Adjustment for risk adjustment recoveries	111.0%	119.3%	

Risk Adjustment and Morbidity Development
Exhibit 7.2

Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	<u>CY 2015 Member Months</u>	<u>Morbidity</u>
(1) Non-Grandfathered Guaranteed Issue	192	0.898
(2) Non-Grandfathered Medically Underwritten and ACA plans	27,526	0.819
(3) Total	27,718	0.820

Impact of projected membership to Kaiser risk profile in 2017 relative to current market

	<u>Member Months</u>	<u>Morbidity</u>
(5) Current Members [from (4) above]	27,718	0.820
(6) Gender to Unisex Selection Adjustment	27,526	1.000
(7) Total Morbidity Change	27,718	0.820
(8) New Entrants previously uninsured	1,260	0.950
(9) Transfers from other carriers or other KP Segments	1,260	1.000
(10) Subtotal	30,238	0.833

Impact to Current Market from all new entrants in 2017

	<u>Member Months</u>	<u>Risk Relativity</u>
(11) Current Market	429,600	1.000
(12) Uninsured New Entrants	68,106	0.950
(13) Transfers from Group	68,106	1.000
(14) 2017 Market	565,812	0.994
(15) Kaiser risk relativity to 2017 market [(10) / (14)]		0.838
(16) Pent Up Demand Factor for New Entrants		1.000
(17) Adjustment for change in risk in Kaiser membership [(10) / (3)]		101.6%
(18) Adjustment for risk adjustment recoveries [1 / (15)]		119.3%
(19) Adjustment for Pent Up Demand [{ (8) mems * (16) + (5) mems + (9) mems } / (10) mems }]		100.0%
(20) Risk Adjustment fee 1.56/12/ Average Baf / Plan Index Rate		1.0006
(21) Adjustment for net risk adjustment [(18) * (20)]		119.4%

**Risk Adjustment Factor
Exhibit 7.3**

Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	<u>CY 2015 Member Months</u>	<u>Morbidity</u>
(1) Non-Grandfathered ¹	47,824	0.890

Impact of projected membership to Kaiser risk profile in 2017 relative to current market

	<u>Members Months</u>	<u>Morbidity</u>
(2) Current Members [from (4) above]	47,824	0.890
(3) New to Kaiser	5,280	1.000
(4) Subtotal	53,104	0.901

	<u>Member Months</u>	
(5) 2017 Market	421,332	1.000
(6) Kaiser risk relativity to 2017 market [(4) / (5)]		0.901

Development of Risk Adjustment Factor Applied to Index Rate

(7) Adjustment for change in risk in Kaiser membership [(4) / (1)]	101.2%
(8) Adjustment for risk adjustment recoveries [1 / (6)]	111.0%
(9) Total Adjustment [(7) * (8)]	112.4%
(10) Risk Adjustment Fee \$1.56/12/Avg BAF/ Plan Index Rate	1.0006
(11) Net Risk Adjustment -> Exhibit 2 line 15	111.1%

¹ Current Kaiser portfolio is expected to be .89 to market.

Administrative Expense Factor - Small Group
Exhibit 8

Retention Category	Percent of Revenue
Claims Processing	1.27%
Customer Service	1.34%
Taxes	2.05%
Capital Contribution	-2.60%
Member Communication Materials	0.62%
Open Enrollment	1.17%
Utilization Review	2.23%
Care Management	0.37%
Other - Community Service	0.45%
Corporate and Other Overhead	3.98%
Commissions	7.14%
Total	18.03%

Plan Adjusted Index Rates
Exhibit 9

Plans	Metallic Level	Name	Allowable Plan Modifiers					Plan Adjusted Index Rate
			Plan Design	Network Factor	Utilization Copay Effect	Non-EHB	Admin	
1	Platinum	KP DC Platinum 0/20/Dental/Ped Dental	0.948	1.000	0.9225	1.0193	1.2200	442.95
2	Platinum	KP DC Platinum 500/20/Dental/Ped Dental	0.887	1.000	0.9439	1.0193	1.2200	423.93
3	Gold	KP DC Gold 0/20/Dental/Ped Dental	0.899	1.000	0.8880	1.0193	1.2200	404.06
4	Gold	KP DC Gold 500/20/Dental/Ped Dental	0.850	1.000	0.9232	1.0193	1.2200	397.34
5	Gold	KP DC Gold 1000/30/Dental/Ped Dental	0.805	1.000	0.9031	1.0193	1.2200	368.20
6	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental	0.791	1.000	0.8961	1.0193	1.2200	359.04
7	Gold	KP DC Gold 1500/30/HSA/Dental/Ped Dental	0.764	1.000	0.8753	1.0193	1.2200	338.43
8	Silver	KP DC Silver 1350/30/Dental/Ped Dental	0.721	1.000	0.8993	1.0193	1.2200	328.39
9	Silver	KP DC Silver 1500/30/HSA/Dental/Ped Dental	0.694	1.000	0.8769	1.0193	1.2200	308.13
10	Silver	KP DC Silver 2250/30/Dental/Ped Dental	0.679	1.000	0.8829	1.0193	1.2200	303.66
11	Silver	KP DC Silver 2500/30/20%/HSA/Dental/Ped Dental	0.658	1.000	0.8568	1.0193	1.2200	285.44
12	Bronze	KP DC Bronze 5250/50/Dental/Ped Dental	0.591	1.000	0.8462	1.0193	1.2200	253.10
13	Bronze	KP DC Bronze 5750/50/HSA/Dental/Ped Dental	0.577	1.000	0.8184	1.0193	1.2200	239.09
14	Bronze	KP DC Bronze 6550/0%/HSA/Dental/Ped Dental	0.540	1.000	0.8514	1.0193	1.2200	232.66
15	Bronze	KP DC Bronze 5250/50/POS/Dental/Ped Dental	0.675	1.000	0.8097	1.0193	1.2200	276.64
16	Silver	KP DC Silver 2250/30/POS/Dental/Ped Dental	0.775	1.000	0.8612	1.0193	1.2200	337.73
17	Gold	KP DC Gold 1000/30/POS/Dental/Ped Dental	0.924	1.000	0.9165	1.0193	1.2200	428.55
18	Platinum	KP DC Platinum 0/20/Dental/Ped Dental/Sel	0.948	1.050	0.9225	1.0193	1.2200	465.10
19	Platinum	KP DC Platinum 500/20/Dental/Ped Dental/Sel	0.887	1.050	0.9439	1.0193	1.2200	445.13
20	Gold	KP DC Gold 0/20/Dental/Ped Dental/Sel	0.899	1.050	0.8880	1.0193	1.2200	424.27
21	Gold	KP DC Gold 500/20/Dental/Ped Dental/Sel	0.850	1.050	0.9232	1.0193	1.2200	417.21
22	Gold	KP DC Gold 1000/30/Dental/Ped Dental/Sel	0.805	1.050	0.9031	1.0193	1.2200	386.61
23	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel	0.791	1.050	0.8961	1.0193	1.2200	376.99

AV Calculator Values
Exhibit 10

Plans	Metallic Level	Name	AV Value
1	Platinum	KP DC Platinum 0/20/Dental/Ped Dental	0.920
2	Platinum	KP DC Platinum 500/20/Dental/Ped Dental	0.882
3	Gold	KP DC Gold 0/20/Dental/Ped Dental	0.818
4	Gold	KP DC Gold 500/20/Dental/Ped Dental	0.806
5	Gold	KP DC Gold 1000/30/Dental/Ped Dental	0.799
6	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental	0.815
7	Gold	KP DC Gold 1500/30/HSA/Dental/Ped Dental	0.781
8	Silver	KP DC Silver 1350/30/Dental/Ped Dental	0.718
9	Silver	KP DC Silver 1500/30/HSA/Dental/Ped Dental	0.713
10	Silver	KP DC Silver 2250/30/Dental/Ped Dental	0.701
11	Silver	KP DC Silver 2500/30/20%/HSA/Dental/Ped Dental	0.681
12	Bronze	KP DC Bronze 5250/50/Dental/Ped Dental	0.618
13	Bronze	KP DC Bronze 5750/50/HSA/Dental/Ped Dental	0.619
14	Bronze	KP DC Bronze 6550/0%/HSA/Dental/Ped Dental	0.612
15	Bronze	KP DC Bronze 5250/50/POS/Dental/Ped Dental	0.618
16	Silver	KP DC Silver 2250/30/POS/Dental/Ped Dental	0.701
17	Gold	KP DC Gold 1000/30/POS/Dental/Ped Dental	0.799
18	Platinum	KP DC Platinum 0/20/Dental/Ped Dental/Sel	0.920
19	Platinum	KP DC Platinum 500/20/Dental/Ped Dental/Sel	0.882
20	Gold	KP DC Gold 0/20/Dental/Ped Dental/Sel	0.818
21	Gold	KP DC Gold 500/20/Dental/Ped Dental/Sel	0.806
22	Gold	KP DC Gold 1000/30/Dental/Ped Dental/Sel	0.799
23	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel	0.815

Quarterly Rate Factors
Exhibit 11

Plans	Metallic Level	Name	2Q 2017	3 Q 2017	4 Q 2017
1	Platinum	KP DC Platinum 0/20/Dental/Ped Dental	1.008	1.016	1.025
2	Platinum	KP DC Platinum 500/20/Dental/Ped Dental	1.008	1.016	1.025
3	Gold	KP DC Gold 0/20/Dental/Ped Dental	1.008	1.016	1.025
4	Gold	KP DC Gold 500/20/Dental/Ped Dental	1.008	1.016	1.025
5	Gold	KP DC Gold 1000/30/Dental/Ped Dental	1.008	1.016	1.025
6	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental	1.008	1.016	1.025
7	Gold	KP DC Gold 1500/30/HSA/Dental/Ped Dental	1.008	1.016	1.025
8	Silver	KP DC Silver 1350/30/Dental/Ped Dental	1.008	1.016	1.025
9	Silver	KP DC Silver 1500/30/HSA/Dental/Ped Dental	1.008	1.016	1.025
10	Silver	KP DC Silver 2250/30/Dental/Ped Dental	1.008	1.016	1.025
11	Silver	KP DC Silver 2500/30/20%/HSA/Dental/Ped Dental	1.008	1.016	1.025
12	Bronze	KP DC Bronze 5250/50/Dental/Ped Dental	1.008	1.016	1.025
13	Bronze	KP DC Bronze 5750/50/HSA/Dental/Ped Dental	1.008	1.016	1.025
14	Bronze	KP DC Bronze 6550/0%/HSA/Dental/Ped Dental	1.008	1.016	1.025
15	Bronze	KP DC Bronze 5250/50/POS/Dental/Ped Dental	1.008	1.016	1.025
16	Silver	KP DC Silver 2250/30/POS/Dental/Ped Dental	1.008	1.016	1.025
17	Gold	KP DC Gold 1000/30/POS/Dental/Ped Dental	1.008	1.016	1.025
18	Platinum	KP DC Platinum 0/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
19	Platinum	KP DC Platinum 500/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
20	Gold	KP DC Gold 0/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
21	Gold	KP DC Gold 500/20/Dental/Ped Dental/Sel	1.008	1.016	1.025
22	Gold	KP DC Gold 1000/30/Dental/Ped Dental/Sel	1.008	1.016	1.025
23	Gold	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel	1.008	1.016	1.025

Age Calibration Factor
Exhibit 12

	<u>Weighted Average Age</u>	<u>Age Factor</u>
Average Age in the Projection Period	41.7	1.042
Nearest Rounded Age	42.0	1.053
Calibration Factor		1.010

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.654	0.90
21	0.727	1.00
22	0.727	1.00
23	0.727	1.00
24	0.727	1.00
25	0.727	1.00
26	0.727	1.00
27	0.727	1.00
28	0.744	1.02
29	0.76	1.05
30	0.779	1.07
31	0.799	1.10
32	0.817	1.12
33	0.836	1.15
34	0.856	1.18
35	0.876	1.20
36	0.896	1.23
37	0.916	1.26
38	0.927	1.28
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

Pediatric Dental Factor Development
Exhibit 14

Current Pool	Current Plan	Member Months	Ped Dental Factor
Individual	All	27,718	1.0001
Small Group	All	47,824	1.0002
Grand Total		75,542	1.0001

Contract Limit of 3 Children Factor
Exhibit 15

Number of Children	Number of KP Subscribers	# of Children Above Rating Cap
0-3	4,719	0
4+	31	41
a	# of Non-rated Dependents	41
b	Total Members	6,463
c	Age Factor, non-rated dep	0.654
d	Age Factor - Total Population	1.042
$e = (b*d - a*c)/(b-a)$	Age Factor - Rated Population	1.045
$f = 1 + a/(b-a) * c/e$	Adjustment Exhibit 16 line 7	1.004

Based upon historical membership for the individual medically
screened block, both grandfathered and non-grandfathered

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2017
District of Columbia Small Group Exchange
Appendix I-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
Age	KP DC Platinum	KP DC Platinum	KP DC Gold	KP DC Gold	KP DC Gold	KP DC Gold	KP DC Gold	KP DC Silver	KP DC Silver	KP DC Silver	KP DC Silver	KP DC Bronze	KP DC Bronze	KP DC Bronze	KP DC Bronze	KP DC Silver	KP DC Gold
20 and Under	\$279.07	\$267.08	\$254.57	\$250.33	\$231.97	\$226.20	\$213.22	\$206.90	\$194.13	\$191.31	\$179.83	\$159.46	\$150.63	\$146.58	\$174.29	\$212.78	\$269.99
21	\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$252.66	\$237.02	\$229.99	\$215.80	\$212.66	\$197.44	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
22	\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$252.66	\$237.02	\$229.99	\$215.80	\$212.66	\$197.44	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
23	\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$252.66	\$237.02	\$229.99	\$215.80	\$212.66	\$197.44	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
24	\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$252.66	\$237.02	\$229.99	\$215.80	\$212.66	\$197.44	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
25	\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$252.66	\$237.02	\$229.99	\$215.80	\$212.66	\$197.44	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
26	\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$252.66	\$237.02	\$229.99	\$215.80	\$212.66	\$197.44	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
27	\$310.22	\$296.90	\$282.98	\$278.28	\$257.87	\$252.66	\$237.02	\$229.99	\$215.80	\$212.66	\$197.44	\$177.26	\$167.44	\$162.94	\$193.74	\$236.53	\$300.13
28	\$317.47	\$303.84	\$289.60	\$284.78	\$263.90	\$257.33	\$242.56	\$235.37	\$220.84	\$217.64	\$204.58	\$181.40	\$171.36	\$166.75	\$198.37	\$242.06	\$307.15
29	\$324.30	\$310.37	\$296.83	\$290.91	\$269.57	\$262.86	\$247.78	\$225.59	\$202.43	\$185.30	\$175.04	\$150.34	\$142.62	\$137.05	\$170.34	\$224.26	\$313.75
30	\$332.41	\$318.13	\$303.22	\$298.18	\$276.31	\$269.44	\$253.97	\$231.23	\$207.87	\$192.87	\$174.20	\$149.94	\$139.42	\$133.45	\$166.60	\$221.69	\$321.60
31	\$340.04	\$331.01	\$316.03	\$311.01	\$290.49	\$283.47	\$268.33	\$243.77	\$219.83	\$204.33	\$179.08	\$153.42	\$142.70	\$136.34	\$169.44	\$224.88	\$329.85
32	\$348.62	\$333.65	\$318.61	\$313.73	\$292.79	\$286.58	\$272.66	\$248.99	\$224.17	\$208.67	\$183.11	\$157.42	\$146.60	\$140.24	\$173.34	\$228.61	\$338.13
33	\$356.73	\$341.41	\$325.41	\$320.00	\$298.53	\$289.15	\$272.56	\$248.15	\$224.55	\$209.88	\$184.32	\$158.63	\$147.81	\$141.45	\$174.55	\$232.99	\$345.13
34	\$365.26	\$349.58	\$333.20	\$327.65	\$306.02	\$296.07	\$279.08	\$254.09	\$230.40	\$215.72	\$190.06	\$164.37	\$153.55	\$147.19	\$180.29	\$237.50	\$353.38
35	\$373.80	\$357.75	\$340.98	\$335.31	\$313.51	\$303.99	\$286.60	\$261.22	\$236.35	\$221.59	\$195.83	\$169.14	\$158.32	\$151.96	\$185.06	\$245.91	\$361.64
36	\$382.33	\$365.91	\$348.77	\$342.96	\$321.81	\$309.90	\$292.12	\$265.96	\$240.35	\$225.60	\$199.84	\$173.15	\$162.33	\$156.00	\$189.11	\$254.02	\$369.90
37	\$390.87	\$374.08	\$356.55	\$350.62	\$328.90	\$316.82	\$298.78	\$273.90	\$247.95	\$233.17	\$207.40	\$180.71	\$169.90	\$159.10	\$192.21	\$248.02	\$378.15
38	\$399.56	\$378.57	\$360.83	\$354.83	\$332.81	\$320.61	\$302.27	\$276.16	\$251.17	\$236.17	\$210.40	\$183.71	\$172.90	\$162.09	\$195.30	\$256.71	\$387.20
39	\$409.25	\$388.07	\$369.81	\$363.73	\$341.61	\$329.31	\$310.72	\$284.41	\$259.12	\$243.49	\$217.72	\$191.03	\$180.22	\$169.41	\$202.62	\$266.42	\$396.25
40	\$419.04	\$396.18	\$376.92	\$370.73	\$348.51	\$336.13	\$317.23	\$290.44	\$264.85	\$248.81	\$223.04	\$196.35	\$185.54	\$174.73	\$207.94	\$275.63	\$405.30
41	\$428.93	\$403.69	\$384.31	\$378.02	\$355.81	\$343.33	\$324.17	\$296.88	\$271.09	\$255.15	\$229.36	\$202.67	\$191.86	\$181.05	\$214.26	\$282.92	\$414.35
42	\$438.92	\$413.09	\$394.31	\$388.02	\$365.81	\$353.33	\$334.17	\$306.88	\$281.09	\$265.15	\$239.36	\$212.67	\$201.86	\$191.05	\$224.26	\$292.92	\$423.40
43	\$448.91	\$423.09	\$403.31	\$397.02	\$374.81	\$362.33	\$343.17	\$315.88	\$290.09	\$274.15	\$248.36	\$221.67	\$210.86	\$200.05	\$233.26	\$302.92	\$432.45
44	\$458.90	\$433.07	\$413.31	\$407.02	\$384.81	\$372.33	\$353.17	\$325.88	\$300.09	\$284.15	\$258.36	\$231.67	\$220.86	\$210.05	\$243.26	\$312.92	\$441.50
45	\$468.89	\$443.07	\$423.31	\$417.02	\$394.81	\$382.33	\$363.17	\$335.88	\$310.09	\$294.15	\$268.36	\$241.67	\$230.86	\$220.05	\$253.26	\$321.92	\$450.55
46	\$478.88	\$453.07	\$433.31	\$427.02	\$404.81	\$392.33	\$373.17	\$345.88	\$320.09	\$304.15	\$278.36	\$251.67	\$240.86	\$230.05	\$263.26	\$330.92	\$459.60
47	\$488.87	\$463.07	\$443.31	\$437.02	\$414.81	\$402.33	\$383.17	\$355.88	\$330.09	\$314.15	\$288.36	\$261.67	\$250.86	\$240.05	\$273.26	\$339.92	\$468.65
48	\$498.86	\$473.07	\$453.31	\$447.02	\$424.81	\$412.33	\$393.17	\$365.88	\$340.09	\$324.15	\$298.36	\$271.67	\$260.86	\$250.05	\$283.26	\$348.92	\$477.70
49	\$508.85	\$483.07	\$463.31	\$457.02	\$434.81	\$422.33	\$403.17	\$375.88	\$350.09	\$334.15	\$308.36	\$281.67	\$270.86	\$260.05	\$293.26	\$357.92	\$486.75
50	\$518.84	\$493.07	\$473.31	\$467.02	\$444.81	\$432.33	\$413.17	\$385.88	\$360.09	\$344.15	\$318.36	\$291.67	\$280.86	\$270.05	\$303.26	\$366.97	\$495.80
51	\$528.83	\$503.07	\$483.31	\$477.02	\$454.81	\$442.33	\$423.17	\$395.88	\$370.09	\$354.15	\$328.36	\$301.67	\$290.86	\$280.05	\$313.26	\$375.92	\$504.85
52	\$538.82	\$513.07	\$493.31	\$487.02	\$464.81	\$452.33	\$433.17	\$405.88	\$380.09	\$364.15	\$338.36	\$311.67	\$300.86	\$290.05	\$323.26	\$384.92	\$513.90
53	\$548.81	\$523.07	\$503.31	\$497.02	\$474.81	\$462.33	\$443.17	\$415.88	\$390.09	\$374.15	\$348.36	\$321.67	\$310.86	\$300.05	\$333.26	\$393.92	\$522.95
54	\$558.80	\$533.07	\$513.31	\$507.02	\$484.81	\$472.33	\$453.17	\$425.88	\$400.09	\$384.15	\$358.36	\$331.67	\$320.86	\$310.05	\$343.26	\$402.92	\$531.97
55	\$568.79	\$543.07	\$523.31	\$517.02	\$494.81	\$482.33	\$463.17	\$435.88	\$410.09	\$394.15	\$368.36	\$341.67	\$330.86	\$320.05	\$353.26	\$411.92	\$540.97
56	\$578.78	\$553.07	\$533.31	\$527.02	\$504.81	\$492.33	\$473.17	\$445.88	\$420.09	\$404.15	\$378.36	\$351.67	\$340.86	\$330.05	\$363.26	\$420.92	\$549.97
57	\$588.77	\$563.07	\$543.31	\$537.02	\$514.81	\$502.33	\$483.17	\$455.88	\$430.09	\$414.15	\$388.36	\$361.67	\$350.86	\$340.05	\$373.26	\$429.92	\$558.97
58	\$598.76	\$573.07	\$553.31	\$547.02	\$524.81	\$512.33	\$493.17	\$465.88	\$440.09	\$424.15	\$398.36	\$371.67	\$360.86	\$350.05	\$383.26	\$438.92	\$567.97
59	\$608.75	\$583.07	\$563.31	\$557.02	\$534.81	\$522.33	\$503.17	\$475.88	\$450.09	\$434.15	\$408.36	\$381.67	\$370.86	\$360.05	\$393.26	\$447.92	\$576.97
60	\$618.74	\$593.07	\$573.31	\$567.02	\$544.81	\$532.33	\$513.17	\$485.88	\$460.09	\$444.15	\$418.36	\$391.67	\$380.86	\$370.05	\$403.26	\$456.92	\$585.97
61	\$628.73	\$603.07	\$583.31	\$577.02	\$554.81	\$542.33	\$523.17	\$495.88	\$470.09	\$454.15	\$428.36	\$401.67	\$390.86	\$380.05	\$413.26	\$465.92	\$594.97
62	\$638.72	\$613.07	\$593.31	\$587.02	\$564.81	\$552.33	\$533.17	\$505.88	\$480.09	\$464.15	\$438.36	\$411.67	\$400.86	\$390.05	\$423.26	\$474.92	\$603.97
63	\$648.71	\$623.07	\$603.31	\$597.02	\$574.81	\$562.33	\$543.17	\$515.88	\$490.09	\$474.15	\$448.36	\$421.67	\$410.86	\$400.05	\$433.26	\$483.92	\$612.97
64	\$658.70	\$633.07	\$613.31	\$607.02	\$584.81	\$572.33	\$553.17	\$525.88	\$500.09	\$484.15	\$458.36	\$431.67	\$420.86	\$410.05	\$443.26	\$492.92	\$621.97

Rates effective January 1, 2017
District of Columbia Small Group Exchange
Appendix I-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$293.02	\$280.44	\$267.30	\$262.85	\$243.57	\$237.51
21	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
22	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
23	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
24	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
25	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
26	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
27	\$325.73	\$311.74	\$297.13	\$292.19	\$270.76	\$264.02
28	\$333.35	\$319.03	\$304.08	\$299.02	\$277.09	\$270.20
29	\$340.52	\$325.89	\$310.62	\$305.45	\$283.05	\$276.01
30	\$349.03	\$334.04	\$318.38	\$313.09	\$290.13	\$282.91
31	\$357.99	\$342.62	\$326.56	\$321.13	\$297.57	\$290.17
32	\$366.05	\$350.33	\$333.92	\$328.36	\$304.28	\$296.71
33	\$374.57	\$358.48	\$341.68	\$336.00	\$311.35	\$303.61
34	\$383.53	\$367.06	\$349.86	\$344.04	\$318.80	\$310.87
35	\$392.49	\$375.63	\$358.03	\$352.07	\$326.25	\$318.14
36	\$401.45	\$384.21	\$366.20	\$360.11	\$333.70	\$325.40
37	\$410.41	\$392.79	\$374.38	\$368.15	\$341.15	\$332.66
38	\$415.34	\$397.50	\$378.87	\$372.57	\$345.25	\$336.66
39	\$420.27	\$402.22	\$383.37	\$376.99	\$349.34	\$340.65
40	\$436.85	\$418.08	\$398.49	\$391.86	\$363.12	\$354.09
41	\$453.87	\$434.38	\$414.02	\$407.14	\$377.27	\$367.89
42	\$471.79	\$451.53	\$430.37	\$423.21	\$392.17	\$382.42
43	\$490.16	\$469.11	\$447.13	\$439.69	\$407.44	\$397.31
44	\$509.43	\$487.55	\$464.70	\$456.97	\$423.46	\$412.92
45	\$529.14	\$506.42	\$482.69	\$474.66	\$439.84	\$428.90
46	\$549.75	\$526.14	\$501.49	\$493.15	\$456.98	\$445.61
47	\$571.26	\$546.73	\$521.10	\$512.44	\$474.85	\$463.04
48	\$593.66	\$568.17	\$541.54	\$532.53	\$493.47	\$481.20
49	\$616.96	\$590.46	\$562.79	\$553.43	\$512.84	\$500.08
50	\$641.15	\$613.62	\$584.86	\$575.14	\$532.95	\$519.69
51	\$666.25	\$637.63	\$607.75	\$597.64	\$553.81	\$540.03
52	\$692.23	\$662.50	\$631.46	\$620.95	\$575.41	\$561.09
53	\$719.11	\$688.23	\$655.98	\$645.07	\$597.75	\$582.88
54	\$747.34	\$715.25	\$681.73	\$670.39	\$621.22	\$605.76
55	\$776.46	\$743.12	\$708.29	\$696.51	\$645.43	\$629.37
56	\$806.93	\$772.28	\$736.09	\$723.84	\$670.75	\$654.07
57	\$838.30	\$802.29	\$764.70	\$751.98	\$696.82	\$679.49
58	\$871.00	\$833.60	\$794.53	\$781.32	\$724.01	\$706.00
59	\$905.05	\$866.19	\$825.59	\$811.86	\$752.31	\$733.60
60	\$940.45	\$900.06	\$857.88	\$843.61	\$781.74	\$762.29
61	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
62	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
63	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06
64+	\$977.19	\$935.22	\$891.39	\$876.57	\$812.28	\$792.06

	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
	PC DC Gold 02/30Data/Ped Dest	PC DC Platinum 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Bronze 02/30Data/Ped Dest	PC DC Silver 02/30Data/Ped Dest	PC DC Gold 02/30Data/Ped Dest
20 and Under	\$281.74	\$269.25	\$256.63	\$252.36	\$233.85	\$228.03	\$214.95	\$208.58	\$195.70	\$192.86	\$181.29	\$160.75	\$151.85	\$147.77	\$175.70	\$214.55	\$272.18
21	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
22	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
23	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
24	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
25	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
26	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
27	\$312.74	\$299.31	\$289.33	\$285.27	\$260.54	\$253.49	\$230.54	\$221.85	\$204.38	\$214.38	\$208.52	\$178.70	\$168.80	\$164.26	\$195.31	\$238.45	\$302.31
28	\$320.04	\$306.30	\$291.95	\$287.09	\$266.04	\$259.42	\$244.53	\$237.28	\$222.63	\$219.40	\$206.24	\$182.87	\$172.75	\$168.10	\$199.88	\$244.02	\$309.64
29	\$326.93	\$312.89	\$298.23	\$293.27	\$271.76	\$264.99	\$249.79	\$242.38	\$227.42	\$224.12	\$210.67	\$186.80	\$176.46	\$171.72	\$204.26	\$249.26	\$316.29
30	\$335.10	\$320.71	\$305.68	\$300.60	\$278.55	\$271.62	\$256.03	\$248.44	\$233.10	\$229.72	\$215.94	\$191.48	\$180.87	\$176.02	\$209.28	\$255.50	\$324.21
31	\$343.70	\$329.33	\$313.53	\$308.32	\$286.70	\$279.65	\$263.96	\$256.93	\$241.48	\$238.06	\$223.62	\$198.52	\$187.48	\$182.06	\$214.66	\$262.06	\$332.52
32	\$351.45	\$336.36	\$320.59	\$315.27	\$292.14	\$284.87	\$268.52	\$260.56	\$244.48	\$240.93	\$226.81	\$198.70	\$187.48	\$182.06	\$214.66	\$262.06	\$332.52
33	\$359.62	\$344.18	\$328.05	\$322.59	\$298.93	\$291.49	\$274.77	\$266.61	\$250.16	\$246.53	\$231.74	\$205.48	\$194.11	\$188.89	\$224.60	\$274.20	\$347.93
34	\$368.22	\$352.41	\$335.90	\$330.31	\$306.08	\$298.47	\$281.34	\$273.00	\$256.15	\$252.43	\$237.29	\$210.40	\$198.75	\$193.41	\$229.97	\$280.76	\$356.24
35	\$376.83	\$360.65	\$343.74	\$338.03	\$313.24	\$303.45	\$287.92	\$279.38	\$262.13	\$258.33	\$242.82	\$215.32	\$203.40	\$197.93	\$235.34	\$287.32	\$364.57
36	\$385.43	\$368.88	\$351.60	\$345.74	\$320.39	\$311.24	\$294.49	\$285.75	\$268.12	\$264.22	\$248.37	\$220.23	\$208.04	\$202.45	\$240.72	\$293.87	\$372.90
37	\$394.04	\$377.17	\$359.44	\$352.46	\$327.13	\$317.65	\$300.36	\$291.93	\$274.15	\$270.12	\$254.68	\$226.15	\$213.68	\$207.99	\$246.09	\$301.12	\$381.22
38	\$398.77	\$381.64	\$363.76	\$357.71	\$331.48	\$323.23	\$304.67	\$295.64									

Rates effective April 1, 2017
District of Columbia Small Group Exchange
Appendix II-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$295.40	\$282.71	\$269.47	\$264.98	\$245.54	\$239.44
21	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
22	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
23	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
24	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
25	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
26	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
27	\$328.37	\$314.27	\$299.54	\$294.56	\$272.96	\$266.16
28	\$336.05	\$321.62	\$306.55	\$301.44	\$279.34	\$272.39
29	\$343.28	\$328.53	\$313.14	\$307.93	\$285.34	\$278.25
30	\$351.86	\$336.75	\$320.96	\$315.63	\$292.48	\$285.20
31	\$360.89	\$345.40	\$329.21	\$323.73	\$299.98	\$292.52
32	\$369.02	\$353.17	\$336.63	\$331.02	\$306.75	\$299.12
33	\$377.61	\$361.39	\$344.45	\$338.72	\$313.87	\$306.07
34	\$386.64	\$370.04	\$352.70	\$346.83	\$321.38	\$313.39
35	\$395.67	\$378.68	\$360.93	\$354.92	\$328.90	\$320.72
36	\$404.70	\$387.32	\$369.17	\$363.03	\$336.41	\$328.04
37	\$413.74	\$395.97	\$377.42	\$371.13	\$343.92	\$335.36
38	\$418.71	\$400.72	\$381.94	\$375.59	\$348.05	\$339.39
39	\$423.68	\$405.48	\$386.48	\$380.05	\$352.17	\$343.41
40	\$440.39	\$421.47	\$401.72	\$395.04	\$366.06	\$356.96
41	\$457.55	\$437.90	\$417.38	\$410.44	\$380.33	\$370.87
42	\$475.61	\$455.19	\$433.86	\$426.64	\$395.35	\$385.52
43	\$494.13	\$472.91	\$450.76	\$443.25	\$410.74	\$400.53
44	\$513.56	\$491.50	\$468.47	\$460.67	\$426.89	\$416.27
45	\$533.43	\$510.53	\$486.60	\$478.51	\$443.41	\$432.38
46	\$554.21	\$530.41	\$505.56	\$497.15	\$460.68	\$449.22
47	\$575.89	\$551.16	\$525.32	\$516.59	\$478.70	\$466.79
48	\$598.47	\$572.78	\$545.93	\$536.85	\$497.47	\$485.10
49	\$621.96	\$595.25	\$567.35	\$557.92	\$517.00	\$504.13
50	\$646.35	\$618.59	\$589.60	\$579.80	\$537.27	\$523.90
51	\$671.65	\$642.80	\$612.68	\$602.49	\$558.30	\$544.41
52	\$697.84	\$667.87	\$636.58	\$625.98	\$580.08	\$565.64
53	\$724.94	\$693.81	\$661.30	\$650.30	\$602.60	\$587.61
54	\$753.40	\$721.05	\$687.26	\$675.83	\$626.26	\$610.67
55	\$782.76	\$749.14	\$714.03	\$702.16	\$650.66	\$634.47
56	\$813.47	\$778.54	\$742.06	\$729.71	\$676.19	\$659.37
57	\$845.10	\$808.79	\$770.90	\$758.08	\$702.47	\$685.00
58	\$878.06	\$840.36	\$800.97	\$787.65	\$729.88	\$711.72
59	\$912.39	\$873.21	\$832.28	\$818.44	\$758.41	\$739.55
60	\$948.07	\$907.36	\$864.84	\$850.45	\$788.08	\$768.47
61	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
62	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
63	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48
64+	\$985.11	\$942.80	\$898.62	\$883.68	\$818.87	\$798.48

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2017
District of Columbia Small Group Exchange
Appendix III-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
Age	DC Platinum 6000/Dental/Ped Den	DC Platinum 6000/Dental/Ped Den	KP DC Gold 1800/Dental/Ped Dental	DC Gold 1800/Dental/Ped Den	DC Gold 1800/Dental/Ped Den	DC Gold 1800/Dental/Ped Den	KP DC Gold 1800/Dental/Ped Dental	DC Silver 1350/Dental/Ped Den	DC Silver 1350/Dental/Ped Den	KP DC Silver 2250/Dental/Ped Dental	KP DC Silver 2250/Dental/Ped Den	DC Bronze 5250/Dental/Ped Den	DC Bronze 5250/Dental/Ped Den	DC Bronze 5250/Dental/Ped Den	DC Bronze 5250/Dental/Ped Den	KP DC Silver 2250/Dental/Ped Den	KP DC Gold 1800/Dental/Ped Dental
20 and Under	\$283.61	\$271.43	\$258.71	\$251.41	\$235.75	\$229.88	\$216.69	\$210.27	\$197.29	\$194.42	\$182.76	\$162.06	\$153.08	\$148.97	\$137.13	\$216.24	\$274.39
21	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
22	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
23	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
24	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
25	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
26	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
27	\$315.27	\$301.73	\$287.59	\$282.81	\$262.07	\$255.54	\$240.88	\$233.73	\$219.31	\$216.12	\$203.15	\$180.15	\$170.17	\$165.59	\$150.89	\$240.38	\$305.02
28	\$322.64	\$308.79	\$294.31	\$289.42	\$268.20	\$261.52	\$246.51	\$239.20	\$224.44	\$221.18	\$207.91	\$184.35	\$174.15	\$169.46	\$201.50	\$246.00	\$312.15
29	\$329.58	\$315.42	\$300.65	\$295.65	\$273.96	\$267.14	\$251.81	\$244.34	\$229.26	\$225.94	\$212.38	\$188.32	\$177.89	\$173.11	\$205.83	\$251.29	\$318.86
30	\$337.82	\$323.31	\$308.16	\$303.03	\$280.81	\$273.83	\$258.10	\$250.45	\$234.99	\$231.58	\$217.69	\$193.03	\$182.34	\$177.44	\$210.98	\$257.58	\$326.84
31	\$346.49	\$331.61	\$316.07	\$310.82	\$288.01	\$280.85	\$264.73	\$256.89	\$241.03	\$237.54	\$222.38	\$197.98	\$187.03	\$182.00	\$216.40	\$264.18	\$335.22
32	\$354.30	\$339.08	\$323.19	\$317.82	\$294.51	\$287.18	\$270.70	\$262.67	\$246.46	\$242.88	\$228.31	\$199.23	\$186.09	\$181.23	\$221.26	\$270.14	\$342.77
33	\$362.54	\$346.97	\$330.71	\$325.21	\$301.36	\$293.86	\$277.00	\$268.78	\$252.19	\$248.53	\$233.62	\$207.15	\$195.68	\$190.42	\$226.42	\$276.42	\$350.75
34	\$371.21	\$355.27	\$338.62	\$332.98	\$308.56	\$300.89	\$283.62	\$275.21	\$258.23	\$254.48	\$239.21	\$212.11	\$200.36	\$194.97	\$231.83	\$283.03	\$359.13
35	\$379.89	\$363.57	\$346.53	\$340.77	\$315.78	\$307.92	\$290.25	\$281.64	\$264.25	\$260.42	\$244.79	\$217.07	\$205.04	\$199.54	\$237.25	\$289.65	\$367.53
36	\$388.55	\$371.87	\$354.45	\$348.54	\$322.98	\$314.95	\$296.88	\$288.06	\$270.29	\$266.37	\$250.38	\$222.02	\$209.73	\$204.09	\$242.67	\$296.26	\$375.92
37	\$397.23	\$380.17	\$362.35	\$356.13	\$330.19	\$321.98	\$303.50	\$294.50	\$276.33	\$272.31	\$255.97	\$226.98	\$214.40	\$208.64	\$248.08	\$302.87	\$384.31
38	\$402.00	\$384.73	\$366.70	\$360.61	\$334.16	\$325.85	\$307.14	\$298.03	\$279.64	\$275.58	\$259.05	\$229.70	\$216.99	\$211.15	\$251.06	\$306.51	\$388.93
39	\$406.77	\$389.31	\$371.05	\$364.89	\$338.13	\$331.79	\$310.79	\$301.57	\$282.96	\$278.86	\$262.12	\$232.42	\$219.56	\$213.65	\$254.04	\$310.15	\$393.54
40	\$422.81	\$404.66	\$385.70	\$379.28	\$351.46	\$342.72	\$323.05	\$313.46	\$294.12	\$289.85	\$272.46	\$241.60	\$228.22	\$222.08	\$264.06	\$322.37	\$409.06
41	\$439.30	\$420.43	\$400.73	\$394.06	\$365.16	\$356.07	\$335.64	\$325.69	\$305.59	\$301.14	\$283.08	\$251.01	\$237.11	\$230.74	\$274.36	\$334.95	\$425.01
42	\$456.65	\$437.03	\$416.55	\$409.62	\$379.58	\$370.14	\$348.89	\$338.54	\$317.65	\$313.04	\$294.25	\$266.92	\$253.85	\$248.19	\$285.19	\$348.17	\$441.79
43	\$474.42	\$454.04	\$432.77	\$425.57	\$394.36	\$384.55	\$362.48	\$351.72	\$330.02	\$325.23	\$305.72	\$271.08	\$256.07	\$249.19	\$296.29	\$361.72	\$458.99
44	\$493.07	\$471.89	\$449.78	\$442.30	\$409.86	\$399.66	\$376.72	\$365.55	\$342.99	\$338.01	\$317.73	\$281.73	\$266.13	\$258.98	\$307.93	\$375.94	\$477.03
45	\$512.15	\$490.15	\$467.18	\$459.42	\$425.72	\$415.13	\$391.30	\$379.69	\$356.27	\$351.09	\$330.03	\$292.64	\$276.44	\$269.01	\$319.85	\$390.50	\$495.50
46	\$532.09	\$509.25	\$485.39	\$477.31	\$442.30	\$431.30	\$406.54	\$394.49	\$370.14	\$364.76	\$342.88	\$304.04	\$287.20	\$279.49	\$332.31	\$405.70	\$514.80
47	\$552.92	\$529.17	\$504.37	\$495.99	\$459.60	\$448.17	\$422.45	\$409.92	\$384.62	\$379.04	\$356.30	\$315.93	\$298.44	\$290.41	\$345.31	\$421.57	\$534.93
48	\$574.59	\$549.92	\$524.15	\$515.43	\$477.62	\$465.74	\$439.01	\$425.99	\$399.70	\$393.90	\$370.27	\$328.32	\$310.14	\$301.80	\$358.85	\$438.11	\$555.91
49	\$597.15	\$571.51	\$544.72	\$535.66	\$496.37	\$484.02	\$456.25	\$442.71	\$415.39	\$409.36	\$384.80	\$341.21	\$322.31	\$313.64	\$372.93	\$445.29	\$577.72
50	\$620.56	\$593.91	\$566.08	\$556.67	\$515.83	\$503.01	\$474.14	\$460.07	\$431.69	\$425.41	\$399.89	\$354.59	\$334.96	\$325.95	\$387.56	\$473.15	\$600.38
51	\$644.85	\$617.16	\$588.23	\$578.45	\$536.03	\$522.69	\$492.69	\$478.08	\$448.58	\$442.06	\$415.54	\$368.46	\$348.07	\$338.71	\$402.73	\$491.67	\$623.87
52	\$667.00	\$641.23	\$611.18	\$601.01	\$556.93	\$543.08	\$511.91	\$496.73	\$466.08	\$459.31	\$431.75	\$382.83	\$361.63	\$351.92	\$418.43	\$510.84	\$648.21
53	\$696.02	\$666.13	\$634.91	\$624.35	\$578.56	\$564.17	\$531.79	\$516.02	\$484.18	\$477.14	\$448.52	\$397.70	\$375.68	\$365.59	\$434.68	\$530.68	\$673.39
54	\$723.34	\$692.28	\$659.83	\$648.86	\$601.27	\$586.31	\$552.66	\$536.27	\$503.18	\$495.87	\$466.12	\$413.31	\$390.42	\$379.94	\$443.75	\$551.52	\$699.81
55	\$751.53	\$719.25	\$685.55	\$674.15	\$624.70	\$609.16	\$574.20	\$557.17	\$522.78	\$515.19	\$484.29	\$429.42	\$405.64	\$394.73	\$469.35	\$573.01	\$727.09
56	\$781.02	\$747.47	\$712.44	\$700.59	\$649.21	\$633.06	\$596.73	\$579.03	\$543.29	\$535.41	\$503.28	\$446.27	\$421.56	\$410.22	\$487.76	\$595.49	\$755.61
57	\$811.38	\$776.53	\$740.14	\$727.83	\$674.44	\$657.67	\$619.92	\$601.54	\$564.41	\$556.22	\$522.85	\$463.62	\$437.95	\$426.17	\$506.73	\$618.64	\$784.99
58	\$843.04	\$806.83	\$769.02	\$756.22	\$683.33	\$667.92	\$624.11	\$605.00	\$568.43	\$557.92	\$524.24	\$461.71	\$435.03	\$422.79	\$526.49	\$642.78	\$815.62
59	\$875.99	\$838.37	\$799.08	\$785.79	\$728.15	\$710.04	\$669.29	\$649.43	\$609.36	\$600.51	\$564.48	\$497.08	\$460.11	\$447.82	\$547.08	\$667.90	\$847.50
60	\$910.25	\$871.16	\$830.33	\$816.52	\$756.63	\$737.81	\$695.46	\$674.84	\$633.19	\$624.00	\$586.56	\$520.11	\$491.31	\$478.10	\$586.48	\$694.03	\$880.65
61	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05
62	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05
63	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05
64+	\$945.81	\$905.19	\$862.76	\$848.42	\$786.19	\$766.62	\$722.64	\$701.19	\$657.93	\$648.36	\$609.45	\$540.43	\$510.50	\$496.77	\$590.67	\$721.13	\$915.05

Rates effective July 1, 2017
District of Columbia Small Group Exchange
Appendix III-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$297.79	\$285.01	\$271.65	\$267.13	\$247.54	\$241.38
21	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
22	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
23	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
24	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
25	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
26	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
27	\$331.03	\$316.82	\$301.97	\$296.95	\$275.17	\$268.32
28	\$338.78	\$324.22	\$309.03	\$303.89	\$281.60	\$274.60
29	\$346.06	\$331.20	\$315.68	\$310.42	\$287.66	\$280.50
30	\$354.71	\$339.48	\$323.56	\$318.19	\$294.85	\$287.52
31	\$363.82	\$348.20	\$331.88	\$326.36	\$302.41	\$294.89
32	\$372.01	\$356.03	\$339.36	\$333.71	\$309.23	\$301.54
33	\$380.67	\$364.32	\$347.24	\$341.47	\$316.42	\$308.55
34	\$389.77	\$373.04	\$355.56	\$349.64	\$323.99	\$315.93
35	\$398.88	\$381.75	\$363.86	\$357.80	\$331.56	\$323.32
36	\$407.99	\$390.47	\$372.16	\$365.97	\$339.13	\$330.70
37	\$417.09	\$399.18	\$380.48	\$374.14	\$346.70	\$338.08
38	\$422.10	\$403.97	\$385.04	\$378.64	\$350.87	\$342.14
39	\$427.11	\$408.77	\$389.61	\$383.13	\$355.03	\$346.20
40	\$443.96	\$424.89	\$404.98	\$398.24	\$369.03	\$359.85
41	\$461.26	\$441.45	\$420.76	\$413.77	\$383.41	\$373.88
42	\$479.47	\$458.88	\$437.38	\$430.10	\$398.55	\$388.65
43	\$498.14	\$476.75	\$454.41	\$446.85	\$414.07	\$403.78
44	\$517.72	\$495.49	\$472.27	\$464.41	\$430.35	\$419.64
45	\$537.75	\$514.66	\$490.55	\$482.39	\$447.00	\$435.88
46	\$558.70	\$534.71	\$509.65	\$501.18	\$464.42	\$452.86
47	\$580.56	\$555.63	\$529.58	\$520.78	\$482.58	\$470.58
48	\$603.33	\$577.42	\$550.36	\$541.20	\$501.50	\$489.03
49	\$627.00	\$600.07	\$571.95	\$562.44	\$521.19	\$508.22
50	\$651.59	\$623.61	\$594.38	\$584.50	\$541.63	\$528.15
51	\$677.10	\$648.01	\$617.64	\$607.37	\$562.83	\$548.82
52	\$703.50	\$673.29	\$641.74	\$631.06	\$584.78	\$570.22
53	\$730.82	\$699.43	\$666.66	\$655.57	\$607.48	\$592.37
54	\$759.51	\$726.89	\$692.83	\$681.30	\$631.33	\$615.62
55	\$789.10	\$755.22	\$719.82	\$707.85	\$655.94	\$639.62
56	\$820.07	\$784.85	\$748.07	\$735.62	\$681.67	\$664.72
57	\$851.95	\$815.35	\$777.15	\$764.22	\$708.16	\$690.55
58	\$885.18	\$847.17	\$807.47	\$794.04	\$735.80	\$717.49
59	\$919.78	\$880.29	\$839.03	\$825.08	\$764.56	\$745.54
60	\$955.76	\$914.71	\$871.85	\$857.34	\$794.47	\$774.70
61	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
62	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
63	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96
64+	\$993.09	\$950.45	\$905.90	\$890.84	\$825.50	\$804.96

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2017
District of Columbia Small Group Exchange
Appendix IV-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Gold
Age	P DC Platinum \$200/200/Pd Dental	P DC Platinum \$200/200/Pd Dental	KP DC Gold \$240/240/Pd Dental	DC Gold \$260/260/Pd Dental	P DC Gold \$260/260/Pd Dental	P DC Gold \$260/260/Pd Dental	KP DC Gold \$260/260/Pd Dental	P DC Silver \$280/280/Pd Dental	P DC Silver \$280/280/Pd Dental	KP DC Silver \$280/280/Pd Dental	KP DC Silver \$280/280/Pd Dental	KP DC Silver \$280/280/Pd Dental	KP DC Silver \$280/280/Pd Dental	P DC Bronze \$280/280/Pd Dental	KP DC Bronze \$280/280/Pd Dental	KP DC Bronze \$280/280/Pd Dental	KP DC Gold \$280/280/Pd Dental
20 and Under	\$285.91	\$273.63	\$260.81	\$256.47	\$272.66	\$231.75	\$218.45	\$211.97	\$198.89	\$196.00	\$184.24	\$161.37	\$154.32	\$150.17	\$178.56	\$218.00	\$276.61
21	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
22	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
23	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
24	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
25	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
26	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
27	\$317.83	\$304.18	\$289.92	\$285.10	\$264.19	\$257.62	\$242.83	\$235.63	\$221.09	\$217.87	\$204.80	\$181.61	\$171.55	\$166.94	\$198.49	\$242.33	\$307.49
28	\$325.25	\$311.29	\$296.70	\$291.76	\$270.37	\$263.64	\$248.51	\$241.14	\$226.25	\$222.98	\$209.60	\$185.85	\$175.56	\$170.84	\$203.13	\$248.00	\$314.68
29	\$332.25	\$317.98	\$303.08	\$298.04	\$276.18	\$269.31	\$253.86	\$251.12	\$227.77	\$224.10	\$207.50	\$179.33	\$174.52	\$174.52	\$207.50	\$253.32	\$321.44
30	\$340.56	\$325.93	\$310.65	\$305.49	\$283.09	\$276.05	\$260.20	\$252.48	\$236.90	\$233.46	\$219.45	\$194.60	\$183.82	\$178.88	\$212.69	\$299.66	\$329.49
31	\$349.30	\$334.30	\$318.64	\$313.34	\$290.35	\$283.13	\$266.88	\$258.97	\$242.99	\$239.46	\$225.09	\$199.59	\$188.54	\$183.47	\$218.15	\$266.32	\$337.94
32	\$357.17	\$341.83	\$325.81	\$320.40	\$296.90	\$289.51	\$272.89	\$264.80	\$248.46	\$244.85	\$230.16	\$204.08	\$192.78	\$187.60	\$223.06	\$272.33	\$345.55
33	\$365.48	\$349.78	\$333.39	\$327.85	\$303.80	\$296.24	\$279.24	\$270.95	\$254.23	\$250.55	\$235.52	\$208.83	\$197.27	\$191.96	\$228.25	\$278.66	\$353.59
34	\$374.22	\$358.15	\$341.37	\$335.68	\$311.06	\$303.33	\$285.92	\$277.44	\$260.52	\$256.54	\$241.15	\$213.83	\$201.98	\$196.55	\$233.71	\$285.33	\$362.04
35	\$382.97	\$366.52	\$349.34	\$343.53	\$318.34	\$310.42	\$292.60	\$283.93	\$266.40	\$262.83	\$246.78	\$218.83	\$206.71	\$201.15	\$239.17	\$292.00	\$370.51
36	\$391.70	\$374.88	\$357.32	\$351.37	\$325.60	\$317.50	\$299.28	\$290.40	\$272.48	\$268.53	\$252.41	\$223.82	\$211.43	\$205.74	\$244.63	\$298.66	\$378.97
37	\$400.45	\$383.25	\$365.29	\$359.22	\$332.87	\$324.59	\$305.96	\$296.89	\$278.57	\$274.52	\$258.05	\$228.82	\$216.14	\$210.33	\$250.10	\$305.33	\$387.42
38	\$405.26	\$387.85	\$369.68	\$363.53	\$336.87	\$328.49	\$309.63	\$300.45	\$281.91	\$277.82	\$261.15	\$231.56	\$218.75	\$212.86	\$253.10	\$309.00	\$392.08
39	\$410.06	\$392.46	\$374.06	\$367.84	\$340.87	\$332.38	\$313.31	\$304.02	\$285.26	\$281.12	\$264.24	\$234.31	\$221.34	\$215.38	\$256.10	\$312.66	\$396.74
40	\$426.24	\$407.94	\$388.83	\$382.35	\$354.31	\$345.50	\$325.66	\$316.00	\$296.51	\$292.00	\$274.67	\$243.56	\$230.07	\$223.88	\$266.20	\$334.99	\$412.38
41	\$442.86	\$423.83	\$403.98	\$397.26	\$368.12	\$358.96	\$338.36	\$328.33	\$308.06	\$303.59	\$285.38	\$253.05	\$239.03	\$232.61	\$276.58	\$337.66	\$428.45
42	\$460.35	\$440.57	\$419.93	\$412.94	\$382.66	\$373.14	\$351.72	\$341.29	\$320.22	\$315.58	\$296.64	\$263.04	\$248.48	\$241.80	\$287.50	\$350.99	\$445.37
43	\$478.27	\$457.72	\$436.28	\$429.02	\$397.55	\$387.67	\$365.42	\$354.58	\$332.69	\$327.87	\$308.20	\$273.28	\$258.15	\$251.21	\$298.69	\$364.66	\$462.71
44	\$497.07	\$475.72	\$453.42	\$445.88	\$413.18	\$402.90	\$379.78	\$368.51	\$345.78	\$340.76	\$320.31	\$284.02	\$268.29	\$261.08	\$310.43	\$378.99	\$480.90
45	\$516.51	\$494.13	\$470.97	\$463.14	\$438.50	\$429.17	\$404.47	\$393.16	\$369.44	\$363.94	\$342.70	\$305.01	\$288.68	\$271.19	\$322.45	\$393.66	\$499.51
46	\$536.41	\$513.38	\$489.32	\$481.18	\$445.88	\$434.80	\$409.84	\$397.69	\$373.14	\$367.72	\$345.66	\$306.51	\$289.53	\$281.75	\$335.01	\$408.99	\$518.97
47	\$557.40	\$533.46	\$508.46	\$500.01	\$463.33	\$451.80	\$425.87	\$413.24	\$387.74	\$382.12	\$359.19	\$318.49	\$300.86	\$292.77	\$348.11	\$424.99	\$539.27
48	\$579.25	\$554.38	\$528.40	\$519.61	\$481.49	\$469.52	\$442.57	\$429.45	\$402.94	\$397.09	\$373.27	\$330.98	\$312.65	\$304.25	\$361.76	\$441.66	\$560.41
49	\$601.99	\$576.14	\$549.13	\$540.00	\$497.95	\$485.05	\$457.95	\$446.30	\$418.76	\$412.68	\$389.92	\$343.97	\$324.93	\$316.19	\$375.96	\$458.98	\$582.41
50	\$623.59	\$598.73	\$570.67	\$561.18	\$520.02	\$507.09	\$477.98	\$463.80	\$435.19	\$428.86	\$401.13	\$357.47	\$337.67	\$328.59	\$390.70	\$476.99	\$603.25
51	\$650.08	\$622.16	\$593.00	\$583.14	\$540.37	\$526.93	\$496.69	\$481.95	\$452.21	\$445.65	\$418.91	\$371.45	\$350.89	\$341.45	\$406.00	\$495.65	\$628.93
52	\$675.44	\$646.43	\$616.14	\$605.88	\$561.45	\$547.48	\$516.06	\$500.75	\$469.85	\$463.03	\$435.25	\$385.94	\$364.57	\$354.77	\$421.83	\$514.99	\$653.47
53	\$701.66	\$671.53	\$640.06	\$629.41	\$583.25	\$568.74	\$536.10	\$520.20	\$488.10	\$481.01	\$452.15	\$400.93	\$378.72	\$368.55	\$438.21	\$534.98	\$678.85
54	\$729.20	\$697.89	\$665.18	\$654.13	\$606.15	\$591.07	\$557.14	\$540.62	\$507.26	\$501.30	\$469.90	\$416.66	\$393.39	\$381.02	\$455.41	\$555.99	\$705.48
55	\$757.62	\$725.08	\$691.11	\$679.62	\$629.76	\$614.10	\$578.85	\$561.68	\$527.02	\$519.37	\$488.21	\$434.90	\$408.93	\$397.93	\$473.15	\$577.65	\$732.98
56	\$787.35	\$753.53	\$718.22	\$706.27	\$654.47	\$638.19	\$601.57	\$583.72	\$547.70	\$539.75	\$507.36	\$449.89	\$424.98	\$413.55	\$491.72	\$600.32	\$761.74
57	\$817.96	\$782.83	\$746.14	\$733.73	\$679.91	\$663.00	\$624.95	\$606.41	\$568.99	\$560.73	\$527.08	\$467.38	\$441.50	\$429.62	\$510.84	\$623.66	\$791.35
58	\$849.87	\$813.37	\$775.25	\$762.36	\$706.44	\$688.87	\$649.53	\$630.07	\$591.19	\$582.60	\$547.65	\$485.61	\$458.72	\$446.38	\$530.76	\$647.99	\$822.23
59	\$883.10	\$845.17	\$805.36	\$792.16	\$734.06	\$715.80	\$674.72	\$654.70	\$605.38	\$604.30	\$569.06	\$504.60	\$476.66	\$463.84	\$551.52	\$673.31	\$854.37
60	\$917.63	\$878.22	\$837.06	\$823.14	\$762.77	\$743.79	\$701.10	\$680.31	\$638.33	\$639.06	\$591.11	\$523.33	\$495.29	\$481.98	\$573.09	\$699.65	\$887.79
61	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
62	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
63	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47
64+	\$953.48	\$912.53	\$869.76	\$855.30	\$792.57	\$772.85	\$728.49	\$706.89	\$663.26	\$653.61	\$614.40	\$544.81	\$514.64	\$500.81	\$595.47	\$726.98	\$922.47

Rates effective October 1, 2017
District of Columbia Small Group Exchange
Appendix IV-B

	18	19	20	21	22	23
	Platinum	Platinum	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Ped Dental/Sel	KP DC Platinum 500/20/Dental/Ped Dental/Sel	KP DC Gold 0/20/Dental/Ped Dental/Sel	KP DC Gold 500/20/Dental/Ped Dental/Sel	KP DC Gold 1000/30/Dental/Ped Dental/Sel	KP DC Gold 1350/0%/HSA/Dental/Ped Dental/Sel
20 and Under	\$300.20	\$287.32	\$273.85	\$269.30	\$249.54	\$243.33
21	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
22	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
23	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
24	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
25	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
26	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
27	\$333.72	\$319.38	\$304.42	\$299.35	\$277.40	\$270.49
28	\$341.52	\$326.85	\$311.54	\$306.35	\$283.88	\$276.83
29	\$348.87	\$333.88	\$318.24	\$312.94	\$289.99	\$282.78
30	\$357.59	\$342.23	\$326.19	\$320.77	\$297.24	\$289.85
31	\$366.77	\$351.02	\$334.57	\$329.00	\$304.87	\$297.28
32	\$375.03	\$358.92	\$342.11	\$336.41	\$311.74	\$303.99
33	\$383.75	\$367.27	\$350.06	\$344.24	\$318.98	\$311.05
34	\$392.93	\$376.06	\$358.44	\$352.48	\$326.62	\$318.49
35	\$402.11	\$384.84	\$366.81	\$360.70	\$334.25	\$325.94
36	\$411.29	\$393.63	\$375.18	\$368.94	\$341.88	\$333.38
37	\$420.47	\$402.42	\$383.56	\$377.18	\$349.51	\$340.82
38	\$425.52	\$407.25	\$388.16	\$381.71	\$353.72	\$344.91
39	\$430.57	\$412.08	\$392.77	\$386.23	\$357.91	\$349.00
40	\$447.56	\$428.33	\$408.26	\$401.47	\$372.02	\$362.77
41	\$465.00	\$445.03	\$424.17	\$417.12	\$386.52	\$376.91
42	\$483.36	\$462.60	\$440.92	\$433.59	\$401.79	\$391.80
43	\$502.18	\$480.61	\$458.09	\$450.47	\$417.43	\$407.05
44	\$521.92	\$499.50	\$476.09	\$468.17	\$433.84	\$423.04
45	\$542.11	\$518.84	\$494.53	\$486.30	\$450.62	\$439.42
46	\$563.23	\$539.04	\$513.79	\$505.24	\$468.19	\$456.54
47	\$585.27	\$560.14	\$533.88	\$525.00	\$486.49	\$474.39
48	\$608.22	\$582.10	\$554.82	\$545.59	\$505.57	\$493.00
49	\$632.09	\$604.94	\$576.59	\$567.00	\$525.41	\$512.34
50	\$656.87	\$628.67	\$599.20	\$589.24	\$546.02	\$532.43
51	\$682.59	\$653.26	\$622.65	\$612.29	\$567.39	\$553.27
52	\$709.20	\$678.74	\$646.94	\$636.18	\$589.52	\$574.85
53	\$736.74	\$705.11	\$672.06	\$660.89	\$612.41	\$597.17
54	\$765.66	\$732.79	\$698.45	\$686.83	\$636.45	\$620.61
55	\$795.50	\$761.34	\$725.66	\$713.59	\$661.26	\$644.80
56	\$826.72	\$791.22	\$754.14	\$741.59	\$687.20	\$670.11
57	\$858.85	\$821.96	\$783.45	\$770.42	\$713.91	\$696.15
58	\$892.36	\$854.04	\$814.01	\$800.48	\$741.76	\$723.31
59	\$927.24	\$887.43	\$845.83	\$831.77	\$770.76	\$751.59
60	\$963.51	\$922.13	\$878.91	\$864.30	\$800.91	\$780.98
61	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
62	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
63	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47
64+	\$1,001.15	\$958.14	\$913.25	\$898.05	\$832.20	\$811.47



KAISER PERMANENTE®

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 East Jefferson Street Rockville, Maryland 20852

May 2, 2016

Mr. Efren Tanhehco
Supervisory Actuary
Department of Insurance and Securities
Insurance Product Division
810 First Street, N.E.
Washington, DC 20002

Re: NAIC #: 95639
HIOS Issuer ID 94506
Small Group On-Exchange Rate Filing
Filing #2

Dear Mr. Tanhehco,

Attached is the small group on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for a premium rate change effective January 1, 2017. Kaiser is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

The overall impact to the index rate is 9.3%.

Sincerely,

Stephen Chuang
Actuarial Analyst
Kaiser Foundation Health Plan, Inc.
Phone: 301-816-5854
Fax: 301-816-7124
Email: stephen.chuang@kp.org

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

Purpose, Scope, and Reason for Rate Increase

Insurance Company Name	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
HIOS ID	94506
SERFF Filing Number	KPMA-130546129
Date of Submission	5/2/2016
Proposed Effective Date	1/1/2017

	Before Rate Increase	After Rate Increase
Average annual premium per policy	\$6,871.33	\$7,009

Proposed Overall Rate Change	2.00%
Proposed Minimum Rate Change	-3.33%
Proposed Maximum Rate Change	2.59%

Relationship of Proposed Rate Scale to Current Rate Scale Due to:

	Description	Relativity
Claims Experience	xxx	0.9640
Age / Gender	xxx	0.9997
Tier	xxx	1.0000
Geography	xxx	1.0000
Tobacco	xxx	1.0000
Benefit Plan Relativities	xxx	1.0000
Mandated Benefit Changes	xxx	1.0000
Non-Mandated Benefit Changes	xxx	1.0000
Other	xxx	1.1341
Total Average Relativity of Proposed vs. Current Scale		1.0930

Annual Rate Change Distribution

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	135	199	0
No Change	0	0	0
Increase of 0.01% to 5.00%	2,507	3,770	0
Increase of 5.01% to 10.00%	0	0	0
Increase of 10.01% to 14.99%	0	0	0
Increase of 15.00% or more	0	0	0
Total	2,642	3,970	0

History of Rate Changes

Rate Effective Month and Year:	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2014	0.00%	0.00%
2015	6.80%	6.80%
2016	0.20%	0.20%

Experience Period Used in Rate Development

General Description of Experience Used in Rate Development (may be different than experience shown in URR)	xxx
Does experience include pools/blocks of business not affected by proposed rate change?	No (Yes or No)

	Incurred From Month/Year	Incurred To Month/Year
Time period used for Experience Data in Rate Development	1/1/2015	12/31/2015

Total Written Premium in Experience Period	\$20,600,811
Total Earned Premium in Experience Period	\$20,599,530
Total Incurred Claims in Experience Period	\$23,492,931
Loss Ratio	114.05%

Paid Through Date For Claims	1/31/2016
IBNR as % of Incurred Claims	8.84%
IBNR as # of Months of Paid Claims	1.06

Number of Contracts/Policyholders	2,650
Number of Covered Lives	3,985

Service Category	Incurred Claims \$ PMPM	% Incurred
Inpatient Facility	\$51.28	16.5%
Outpatient Facility	\$36.51	11.7%
Professional	\$153.42	49.3%
Prescription Drugs	\$63.42	20.4%
Capitation and Other Provider Payments	\$1.20	0.4%
Other	\$5.16	1.7%
Total	\$310.99	

Credibility Analysis

Assumed Experience Credibility %	100.00%
----------------------------------	---------

Description of Credibility Formula and the Theoretical Basis for Use	NA
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Alternative Data Sources

Description of Any Alternative Experience Data Used in Rate Development	NA
---	----

Description of Any Manual Rate Data Used in Rate Development	NA
--	----

Retention

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date
Payroll and Benefits	\$24.42	\$24.42	\$24.77
Outsourced Services (EDP, claims, etc.)	\$3.16	\$3.16	\$3.20
Auditing and consulting	\$0.69	\$0.69	\$0.70
Marketing & Advertising	\$1.72	\$1.72	\$1.75
Legal Expenses	\$0.00	\$0.00	\$0.00
Other General Admin Expense	\$16.12	\$16.12	\$16.35
Commissions & Brokers Fees	\$25.03	\$25.03	\$25.38
Taxes, Licenses & Fees	\$11.30	\$11.30	\$7.98
Reinsurance	\$0.00	\$0.00	\$0.00
Profit/Risk Margin	\$1.21	\$1.21	-\$10.09

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date
Payroll and Benefits	6.23%	6.23%	6.38%
Outsourced Services (EDP, claims, etc.)	0.80%	0.80%	0.82%
Auditing and consulting	0.18%	0.18%	0.18%
Marketing & Advertising	0.44%	0.44%	0.45%
Legal Expenses	0.00%	0.00%	0.00%
Other General Admin Expense	4.11%	4.11%	4.21%
Commissions & Brokers Fees	6.38%	6.38%	6.53%
Taxes, Licenses & Fees	2.88%	2.88%	2.05%
Reinsurance	0.00%	0.00%	0.00%
Profit/Risk Margin	0.31%	0.31%	-2.60%

Trend & Projection Assumptions

	Adjustments		
	Util. Adjustments to Current Rate		
Service Category	Util/1000 Trend	Benefit Plan Change	Population Change
Inpatient Facility	1.0000	1.0027	1.0135
Outpatient Facility	1.0129	1.0046	1.0135
Professional	1.0079	1.0005	1.0135
Prescription Drugs	1.0095	1.0045	1.0135
Capitation and Other Provider Payments	1.0000	1.0000	1.0000
Other	1.0149	1.0017	1.0135

	Adjustments		
	Util. Adjustments to Current Rate		
Service Category	Util/1000 Trend	Benefit Plan Change	Population Change
Inpatient Facility	1.0000	1.0027	1.0135
Outpatient Facility	1.0129	1.0046	1.0135
Professional	1.0079	1.0005	1.0135
Prescription Drugs	1.0095	1.0045	1.0135
Capitation and Other Provider Payments	1.0000	1.0000	1.0000

Other	1.0149	1.0017	1.0135
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Service Category	Incurred Claims \$ PMPM	Medical Trend
Inpatient Facility	\$51.28	1.08342
Outpatient Facility	\$36.51	1.15510
Professional	\$153.42	1.05313
Prescription Drugs	\$63.42	1.14510
Capitation and Other Provider Payments	\$1.20	1.00000
Other	\$5.16	1.09428
Aggregate	\$310.99	1.089327192

[illegible]

Solvency

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	198,489,496	183,174,462
Authorized Control Level	57,368,516	57,368,516
RBC Ratio	345.99%	319.29%

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months
Historical Year -4	1/1/2014	1/1/2014	0
Historical Year -3	1/1/2014	1/1/2014	0
Historical Year -2	1/1/2014	1/1/2014	0
Historical Year -1	1/1/2014	1/1/2014	0
Historical Year 0	1/1/2014	1/1/2014	0
Historical Totals			0

Interim Time Period	1/1/2014	1/1/2014	0
Future Year 1	1/1/2014	1/1/2014	0

Anticipated Federal loss ratio standard in market

>84%

Justification for relationship of Federal MLR standard and the projected future loss ratio including detailed break down of adjustments

Based on a target admin percentage of 18.0%, which includes a -2.6% capital contribution margin, we

Note:

The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out. □
 In instances where the start dates and end dates do not line up with a calendar year, partial years should be used.
 The interim time period the time between the end date of the "Most Recent Date Available" and the rate effective date.
 The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development

Index Rate for Projected Period PMPM	\$407.10
Risk Adjustment PMPM	\$0.00
Net Reinsurance Contributions PMPM	\$0.00
Exchange User Fees PMPM	\$0.00
Market Adjusted Index Rate PMPM	\$407.10

Product	Small Group HMO On Exchange	Small Group HMO On Exchange	all Group HMO On Excha
Product ID	94506DC035	94506DC036	94506DC037
Plan ID	94506DC0350001	94506DC0350002	94506DC0350004
Metal Tier	Platinum (with highest Metal AV)	Platinum (with lowest Metal AV)	Gold (with highest Metal AV)
Metal AV Value	0.920	0.882	0.818
Pricing AV Value	0.875	0.837	0.798
Projected Member Months	5,117	5,117	2,748
Market Adjusted Index Rate PMPM	\$407.10	\$407.10	\$407.10
<u>Plan Adjustments (in multiplicative format)</u>			
Actuarial value and cost-sharing design of the plan	0.878	0.841	0.801
Provider network, delivery system characteristics and utilization management practices	1.000	1.000	1.000
Plan benefits in addition to EHB	1.019	1.019	1.019
Expected impact of special eligibility categories (only for catastrophic plans)	1.000	1.000	1.000
<u>Plan Adjustments (in % format)</u>			
Distribution and administration costs	18.0%	18.0%	18.0%
Plan Adjusted Index Rate	\$444.72	\$425.62	\$405.68
Age Calibration Factor	1.042	1.042	1.042
Geography Calibration Factor	1.000	1.000	1.000
Aggregate Calibration Factor	1.042	1.042	1.042
Consumer Adjusted Premium Rate PMPM	\$426.71	\$408.39	\$389.25

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y						
1	Unified Rate Review v3.3																													
2																														
3	Company Legal Name:		Kaiser Foundation Health Plan State:										DC																	
4	HIOS Issuer ID:		94506										Market:		Small Group															
5	Effective Date of Rate Change(s):		1/1/2017																											
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience period data																													
12	Experience Period:		1/1/2015		to		12/31/2015																							
13							Experience Period																							
14							Aggregate Amount		PMPM		% of Prem																			
15	Premiums (net of MLR Rebate) in Experience Period:						\$20,599,530		\$272.69		100.00%																			
16	Incurred Claims in Experience Period						\$20,620,408		272.97		100.10%																			
17	Allowed Claims:						\$23,492,931		310.99		114.05%																			
18	Index Rate of Experience Period								\$305.15																					
19	Experience Period Member Months						75,542																							
20																														
21	Section II: Allowed Claims, PMPM basis																													
22																														
23																														
24	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM	
25	Inpatient Hospital		Days		132.96		\$4,628.23		\$51.28		1.014		0.997		1.030		1.000		134.76		\$4,895.60		\$54.98		0.00		\$0.00		\$0.00	
26	Outpatient Hospital		Services		234.94		1,864.88		36.51		1.014		0.997		1.050		1.013		244.30		2,049.96		41.73		0.00		0.00		0.00	
27	Professional		Visits		6,809.67		270.36		153.42		1.014		0.997		1.008		1.008		7,011.20		273.65		159.88		0.00		0.00		0.00	
28	Other Medical		Services		143.44		431.41		5.16		1.014		0.997		1.020		1.015		149.74		447.51		5.58		0.00		0.00		0.00	
29	Capitation		Other		12,000.00		1.20		1.20		1.000		1.000		1.000		1.000		12,000.00		1.20		1.20		0.00		0.00		0.00	
30	Prescription Drug		Prescriptions		5,039.74		151.01		63.42		1.014		0.997		1.049		1.010		5,205.76		165.66		71.87		0.00		0.00		0.00	
31	Total								\$310.99														\$335.25						\$0.00	
32																														
33	Section III: Projected Experience:																								After Credibility		Projected Period Totals			
34																														
35																														
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49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																													
50																														

Product-Plan Data Collection

Company Legal Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
HIOS Issuer ID: 94506
Effective Date of Rate Change(s): 1/1/2017

State: DC
Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information		Small Group HMO On Exchange 94506DC035																			
Product		Product ID:																			
Plan Name		Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Platinum	Gold	Gold	Gold	Gold
Metal:		0.920	0.882	0.818	0.806	0.799	0.815	0.781	0.718	0.713	0.701	0.681	0.618	0.619	0.612	0.920	0.882	0.818	0.806	0.799	0.815
AV Metal Value		0.875	0.837	0.798	0.785	0.727	0.709	0.668	0.649	0.609	0.600	0.564	0.500	0.472	0.460	0.919	0.879	0.838	0.824	0.764	0.745
Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		KP DC Platinum 500/20/Dental/Ped	KP DC Platinum 500/20/Dental/Ped	KP DC Gold 0/20/Dental/Ped	KP DC Gold 500/20/Dental/Ped	KP DC Gold 1000/30/Dental/Ped	KP DC Gold 1350/0h/HSa/Dental/Ped	KP DC Gold 1550/30/Dental/Ped	KP DC Silver 500/20/HSa/Dental/Ped	KP DC Silver 1350/0h/HSa/Dental/Ped	KP DC Silver 2250/30/Dental/Ped	KP DC Silver 2500/30/HSa/Dental/Ped	KP DC Bronze 5250/50/Dental/Ped	KP DC Bronze 5750/50/Dental/Ped	KP DC Bronze 6550/0h/HSa/Dental/Ped	KP DC Platinum 0/20/Dental/Ped	KP DC Platinum 500/20/Dental/Ped	KP DC Gold 0/20/Dental/Ped	KP DC Gold 500/20/Dental/Ped	KP DC Gold 1000/30/Dental/Ped	KP DC Gold 1350/0h/HSa/Dental/Ped
Plan ID (Standard Component ID):		94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350002	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350010	94506DC0350009	94506DC0350011	94506DC0350012	94506DC0350014	94506DC0350015	94506DC0350016	94506DC0350017	94506DC0350018	94506DC0350022	94506DC0350019	94506DC0350020
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2		6.80%																			
Historical Rate Increase - Calendar Year - 1		0.20%																			
Historical Rate Increase - Calendar Year 0		0.20%																			
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		2.59%	1.95%	2.17%	1.04%	2.09%	1.41%	0.15%	0.52%	0.37%	-1.12%	0.09%	-0.13%	0.64%	-0.56%	2.59%	1.95%	2.17%	1.04%	2.09%	1.41%
Cum'lative Rate Change % (over 12 mos prior)		2.59%	1.95%	2.17%	1.04%	2.09%	1.41%	0.15%	0.52%	0.37%	-1.12%	0.09%	-0.13%	0.64%	-0.56%	2.59%	1.95%	2.17%	1.04%	2.09%	1.41%
Prod'd Per Rate Change % (lower Exper. Period)		-0.82%	-0.39%	2.65%	-1.86%	-0.47%	-3.08%	-8.83%	-1.83%	-1.22%	-3.33%	-11.52%	-0.20%	-0.29%	-12.05%	-0.82%	-0.39%	2.65%	-1.86%	-0.47%	-3.08%
Product Rate Increase %		1.77%																			

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	94506DC0350001	94506DC0350002	94506DC0350003	94506DC0350002	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350010	94506DC0350009	94506DC0350011	94506DC0350012	94506DC0350014	94506DC0350015	94506DC0350016	94506DC0350017	94506DC0350018	94506DC0350022	94506DC0350019	94506DC0350020
Inpatient	\$0.94	\$1.25	\$1.66	\$1.43	\$2.18	\$1.36	\$1.74	\$2.39	\$2.10	\$2.05	\$2.83	\$2.05	\$1.91	\$1.48	\$1.94	\$1.31	\$1.75	\$1.51	\$2.29	\$1.42	\$1.83
Outpatient	\$1.91	\$3.01	\$3.25	\$2.98	\$3.54	\$2.75	\$3.01	\$3.43	\$3.15	\$3.03	\$3.62	\$2.92	\$2.66	\$2.26	\$2.59	\$3.16	\$3.41	\$3.13	\$3.71	\$2.89	\$3.16
Prescription Drug	\$8.17	\$15.33	\$13.33	\$13.11	\$10.83	\$11.82	\$10.41	\$7.83	\$8.17	\$7.44	\$5.18	\$6.51	\$5.52	\$6.08	\$4.59	\$15.99	\$14.00	\$13.77	\$11.38	\$12.41	\$13.03
Other	\$9.39	\$16.73	\$15.52	\$14.95	\$13.88	\$13.57	\$12.79	\$11.26	\$11.16	\$10.38	\$9.36	\$9.46	\$8.29	\$8.17	\$7.42	\$17.57	\$16.29	\$15.70	\$14.57	\$14.25	\$14.13
Capitation	\$0.62	\$1.11	\$1.02	\$0.99	\$0.91	\$0.90	\$0.84	\$0.73	\$0.72	\$0.67	\$0.59	\$0.61	\$0.53	\$0.53	\$0.47	\$1.17	\$1.07	\$1.04	\$0.95	\$0.84	\$0.88
Administration	\$0.09	\$0.16	\$0.15	\$0.14	\$0.13	\$0.13	\$0.12	\$0.10	\$0.10	\$0.09	\$0.07	\$0.08	\$0.07	\$0.07	\$0.06	\$0.17	\$0.16	\$0.15	\$0.13	\$0.14	\$0.15
Taxes & Fees	\$10.53	\$18.31	\$17.53	\$16.71	\$16.43	\$15.22	\$12.08	\$13.99	\$13.58	\$12.74	\$12.55	\$11.80	\$10.46	\$9.88	\$9.62	\$19.23	\$18.40	\$17.54	\$17.25	\$15.98	\$15.59
Risk & Profit Charge	\$1.17	\$2.03	\$1.94	\$1.85	\$1.82	\$1.68	\$1.64	\$1.55	\$1.50	\$1.41	\$1.39	\$1.31	\$1.16	\$1.09	\$1.06	\$2.13	\$2.04	\$1.94	\$1.91	\$1.77	\$1.72
Total Rate Increase	\$1.47	\$2.56	\$2.45	\$2.34	\$2.30	\$2.18	\$2.08	\$1.96	\$1.90	\$1.78	\$1.76	\$1.65	\$1.46	\$1.38	\$1.35	\$2.69	\$2.57	\$2.54	\$2.41	\$2.24	\$2.18
Member Cost Share Increase	\$5.19	\$11.19	\$8.09	\$8.57	\$4.08	\$7.53	\$5.00	\$4.51	\$1.71	\$1.14	\$3.44	\$0.25	\$0.32	\$1.52	\$1.31	\$11.75	\$8.50	\$9.00	\$4.28	\$7.91	\$5.25
	\$1.24	\$0.74	\$3.19	\$0.87	\$4.75	\$1.89	\$3.38	\$4.22	\$6.47	\$7.27	\$9.55	\$8.23	\$6.74	\$4.63	\$30.10	\$0.78	\$3.35	\$0.91	\$4.99	\$1.99	\$3.54

Average Current Rate PMPM	\$394.96	\$431.76	\$415.84	\$395.49	\$393.26	\$360.67	\$354.04	\$337.92	\$326.68	\$306.99	\$307.09	\$285.19	\$253.42	\$237.57	\$233.97	\$453.35	\$436.63	\$415.27	\$412.93	\$378.70
Projected Member Months	53,104	5,117	5,117	2,748	2,748	2,748	2,748	2,748	753	753	753	753	348	348	348	348	5,117	2,748	2,748	2,747

zion III: Experience Period Information

Plan ID (Standard Component ID):	Total	94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350002	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350010	94506DC0350009	94506DC0350011	94506DC0350012	94506DC0350014	94506DC0350015	94506DC0350016	94506DC0350017	94506DC0350018	94506DC0350022	94506DC0350019	94506DC0350020
Plan Adjusted Index Rate	\$272.69	\$446.61	\$425.60	\$415.07	\$404.89	\$369.95	\$370.46	\$371.21	\$334.50	\$311.94	\$314.13	\$322.59	\$253.60	\$239.79	\$264.55	\$468.94	\$446.88	\$435.82	\$425.13	\$388.44	\$388.98
Member Months	75,542	7,481	2,615	13,376	534	3,177	1,287	510	806	1,011	1,324	174	711	77	77	347	2,865	137	997	166	
Total Premium (TP)	\$20,599,530	\$3,341,088	\$1,112,934	\$5,551,923	\$216,209	\$1,175,315	\$476,780	\$189,135	\$269,609	\$315,367	\$415,909	\$56,131	\$180,309	\$18,464	\$45,767	\$3,642,728	\$155,066	\$1,248,622	\$58,243	\$387,277	\$64,571
EBH Percent of TP, [see instructions]	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%
state mandated benefits portion of TP that are other than EBH	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%
Total Allowed Claims (TAC)	\$23,492,931	\$2,006,710	\$865,070	\$3,389,980	\$201,345	\$576,815	\$203,792	\$84,771	\$203,568	\$262,318	\$132,859	\$35,101	\$163,593	\$22,120	\$15,656	\$2,235,684	\$191,184	\$1,103,152	\$42,378	\$1,570,932	\$22,657
EBH Percent of TAC, [see instructions]	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%	98.10%
state mandated benefits portion of TAC that are other than EBH	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%
Allowed Claims which are not the issuer's obligation:	\$2,872,524	\$180,514	\$139	\$189,088	\$8,086	\$3,669	\$6,845	\$1,893	\$22,051	\$37,162	\$46,250	\$2,931	\$35,887	\$6,019	\$472	\$181,071	\$8,137	\$8,912	\$831	\$260,701	\$1,571
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total incurred claims, payable with issuer funds	\$20,620,408	\$2,187,224	\$865,208	\$3,575,068	\$193,259	\$580,484	\$210,638	\$86,663	\$218,517	\$225,156	\$128,609	\$32,171	\$127,706	\$16,101	\$16,128	\$2,416,755	\$183,047	\$1,112,064	\$41,546	\$1,310,162	\$24,229
Net Amt of Reim	\$172,831.31	\$27,455.27	\$9,597.05	\$49,089.92	\$1,959.78	\$11,659.59	\$4,723.29	\$1,871.70	\$2,958.02	\$3,710.37	\$4,859.88	\$638.58	\$2,609.37	\$282.59	\$634.91	\$28,508.56	\$1,273.49	\$10,514.55	\$502.79	\$3,658.99	\$609.22
Net Amt of Risk Adj	\$1,492,791.85	\$237,138.76	\$82,892.38	\$424,003.22	\$16,927.16	\$100,707.11	\$40,796.36	\$16,166.39	\$25,549.24	\$32,047.49	\$41,969.22	\$5,515.59	\$22,537.85	\$2,440.81	\$5,483.89	\$246,236.32	\$10,999.49	\$90,817.08	\$4,342.74	\$31,603.71	\$5,262.00

Incurred Claims PMPM	\$272.97	\$292.37	\$330.86	\$267.57	\$361.91	\$182.71	\$163.67	\$169.93	\$225.21	\$222.71	\$213.45	\$184.88	\$179.82	\$209.11	\$93.23	\$311.12	\$552.51	\$388.15	\$303.26	\$1,314.10	\$145.96
Allowed Claims PMPM	\$310.99	\$268.24	\$330.81	\$275.44	\$377.05	\$181.56	\$158.35	\$166.22	\$252.57	\$259.46	\$248.38	\$201.73	\$230.09	\$287.28	\$90.50	\$387.81	\$385.04	\$309.33	\$1,575.66	\$136.49	
EBH portion of Allowed Claims, PMPM	\$305.09	\$263.15	\$324.53	\$248.63	\$369.89	\$178.11	\$155.34	\$163.06	\$247.77	\$254.54	\$243.67	\$197.90	\$225.72	\$281.83	\$88.78	\$282.34	\$540.50	\$377.74	\$303.45	\$1,545.75	\$133.90

zion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350002	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350010	94506DC0350009	94506DC0350011	94506DC0350012	94506DC0350014	94506DC0350015	94506DC0350016	94506DC0350017	94506DC0350018	94506DC0350022	94506DC0350019	94506DC0350020
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Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0																				
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total incurred claims, payable with issuer funds	\$17,432,433	\$1,835,127	\$1,763,283	\$906,646	\$893,016	\$833,905	\$815,327	\$773,533	\$206,382	\$195,120	\$192,633	\$182,508	\$76,041	\$72,441	\$70,790	\$1,918,773	\$1,843,336	\$947,623	\$933,312	\$871,245	\$851,428
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$1,683,333	-\$162,203	-\$162,203	-\$87,108	-\$87,108	-\$87,108	-\$87,108	-\$87,108	-\$23,869	-\$23,869	-\$23,869	-\$23,869	-\$11,031	-\$11,031	-\$11,031	-\$162,203	-\$162,203	-\$87,108	-\$87,108	-\$87,108	-\$87,077

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company Kaiser Foundation Health Plan of the Mid-Atlantic

SERFF tracking number KPMA-130546129

Submission Date May 2, 2016

Product Name Small Group

Market Type ☐ Individual ☒ Small Group

Rate Filing Type ☒ Rate Increase ☐ New Filing

Scope and Range of the Increase:

The 2 % increase is requested because:

Expenses for 2017 are expected to be higher than were expected for 2016.

This filing will impact:

of policyholder's 2,650

of covered lives 3,985

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 2 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -3.3%
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 2.59 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individuals increases vary from the average rate increase (that is, the overall average increase) primarily because of plan specific changes and recognition of being a year older. On average, health costs increase with age.

Financial Experience of Product

The overall financial experience of the product includes:

It is too early to predict accurately what the financial performance will be in 2016. At the time the premiums were set for 2016, Kaiser expected to have 0.31% of premium remaining after paying all expenses attributable to this portfolio.

The rate increase will affect the projected financial experience of the product by:

For 2017, Kaiser expects to have -2.6% of premium remaining after paying all expenses attributable to this portfolio.

Components of Increase

The request is made up of the following components:

Trend Increases – % of the 2 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is % of the 2 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is % of the 2 % total filed increase.

Other Increases – % of the 2 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is % of the 2 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is % of the 2 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is % of the 2 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is % of the 2 % total filed increase.

5. Other – Defined as:

This component is % of the 2 % total filed increase.

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP
PLANS SOLD ON DC HEALTH LINK
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Actuarial Memorandum (Pages 2-7)
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	AM (Page 1)
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	AM (Page 1)
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	SERFF Rate Filing Submission Date
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	AM (Page 1)
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	AM (Page 1)
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	KPIF AM (Exhibit 10) SG AM (Exhibit 9)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	KPIF AM (Exhibit 11) SG AM (Exhibit 10)
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.	Yes	Rate/Rule Schedule (Overall % Rate Impact)
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Rate/Rule Schedule (Rate Review Detail)
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Rate/Rule Schedule (Rate Review Detail)
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for Maryland and the nationwide average rate history.	Yes	Unified Rate Review Template
14	Exposure	Current number of policies, certificates and covered lives.	Yes	DISB AM Dataset

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
17	Index Rate	Provide the index rate.	Yes	AM (Exhibit 1)
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	AM (Exhibits 1-15)
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	N/A	N/A
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Unified Rate Review Template and AM Exhibit 6
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 10 (KPIF) and AM Exhibit 9 (SG)
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 10 (KPIF) and AM Exhibit 9 (SG)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	KPIF AM (Exhibit 10) SG AM (Exhibit 9)
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	AM (Exhibit 13)
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	N/A	N/A
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Unified Rate Review Template, worksheet 2
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Actuarial Memorandum (Page 3)
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memorandum (Page 5)

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	KPIF AM (Exhibit 9) SG AM (Exhibit 8)
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in Maryland, the loss ratio meets the minimum.	Yes	Actuarial Memorandum (Page 5)
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Actuarial Memorandum (Exhibit 7.1-7.3)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
29.1	Reinsurance	Provide information on the Reinsurance contribution assumption, consistent with the national contribution rate for the projection period. In individual filings, provide information on the Reinsurance recovery assumption, consistent with the company's continuation table used in pricing. Provide previous year-end estimated reinsurance payable amount and quantitative support for the amount.	N/A	N/A
29.2	Risk Corridor	Does the company assume Risk Corridor charges or payments? If so, provide support. Provide previous year-end estimated risk corridor payable or receivable amount and quantitative support for the amount.	N/A	N/A
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	AM (Page 3)
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	AM (Page 5)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total 	Yes	<p>KPIF AM (Exhibit 2 and Exhibit 9)</p> <p>SG AM (Exhibit 2 and Exhibit 8)</p>
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	AM (Exhibits 1-15)
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	N/A	N/A
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	<p>KPIF AM (Page 9)</p> <p>SG AM (Page 10)</p>

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	N/A	N/A
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	Supporting Documentation
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	Supporting Documentation
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. Provide in Excel format only.	Yes	Supporting Documentation
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Supporting Documentation

40	Additional Requirements for Stand-Alone Dental Plan Filings	<p>Provide the following for stand-alone dental plan filings:</p> <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	N/A	N/A
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CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

John Xu

(Print Name)

A handwritten signature in black ink, appearing to read "John Xu", written over a horizontal line.

(Signature)